LOSOUDETOSS

•		
(Re	questor's Name)	
(Ad	dress)	·,
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
. (Do	cument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	



600243434306

01/10/13--01014--015 **43.75

FILED
2018 JAN 29 PH 3: 36
SECRETARY OF STALE

Office Use Only

UAN 3 0 2012 D. BRUCE

101200003224



January 16, 2013

TONI LOCKHART-SAYDKHUZHIN 925 NE 98TH STREET MIAMI SHORES, FL 33138

SUBJECT: WONDER NANNIES, LLC

Ref. Number: L08000067058

We have received your document for WONDER NANNIES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 013A00001255

www.sunbiz.org

DO DOV GOOD DUIL

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT:	Wonder No	annies, LLC ed Liability Company		
	Name of Similar	a mainly company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Toni-Lo	chhart Saydkhuzhin Name of Person		
		Nannies Firm/Company		
	925 N	E 98th Street Address		
	Migni	Shores FL 33/38 City/State and Zip Code odernannies, com obe used for future annual report notification		
	E-mail address: (to	o be used for future annual report notification)	2013 JAN 29
For further information co	oncerning this matter, please ca	ılı:	HAN AND AND AND AND AND AND AND AND AND A	22 cases
Name of	lehrlio FPerson	at (914) 263 - 50 Area Code & Daytime Tele	phone Number FLORIC	•
		·	STATE	PH 3: 36
Enclosed is a check for th	_			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enc	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L0800067658</u>	vere filed on 07/10/2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile of the limited liabile. The new name must be distinguishable and end with the words "Limite" L.L.C."	trons LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Miconi Shores FL 33138
Enter new mailing address, if applicable:	JAME
(Mailing address MAY BE A POST OFFICE BOX)	N/a FEECH
B. If amending the registered agent and/or registered office address here	
Name of New Registered Agent:	NE 984 Street 35 3 : Enter Florida street address Shores, Florida 33/38
New Registered Office Address: 925	NE 98 Street 5 :
Migm.	Shores, Florida 33/38 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title Address** <u>Name</u> Toni-hockhart-Sayakhuzhin 925 NE 98th Street Miami Spores PL 33138 923 NE 98 Street KAdd SOWARD C. Kehrli MGRM Mign. Shores FL 33138 Remove

ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
Sorifoch &
Signature of a member or authorized representative of a member Toni wather - Sayakhuzhin Typed or printed name of signee
Toni Locathart-Sayakhuzhin

Page 3 of 3

Filing Fee: \$25.00

2018 JAN 29 PH 3: 30
SECRETARY OF STATE