# L09000037438

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# **COVER LETTER**

TO: Registration Section  Division of Corporations	
SUBJECT: Women W Boarries 1/C  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GAIL JAR	
Toolbox For Success	
Firm/Company	
1201 River Reach Dr. #108	
Address	
Ft. Larvoerone, Fe 33315	
City/State and Zip Code  GANDONG ADI. Con  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sail 1992  Name of Person  at 999 593-9377  Area Code Dayrime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$\times \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$}	

### 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

Wohan in Box	5 MY 1/C
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.0960037438	were filed on April 17, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Toulbox For Succe The new name must be distinguishable and contain the words "Limited Liab	cess .1/c
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1201 Kiver Keach Dr. #108 F4. Laudarose, 52 33315
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1201 River Reach De. #108 Ft. Lavoersk, Fe 33315
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member					
<u>Title</u>	Name	<u>Address</u>	Type of Action		
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			□ Remove		
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			5: 18	***
E. Effe	ctive date, if other than the date of filing:		•	
(If an o <u>Note</u>	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P  If the date inserted in this block does not meet the applicable statutory filing requirements, this date wiment's effective date on the Department of State's records.	ursuant to Il not be	605.020 listed ε	07 (3)( as the
If the r (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or ego of the record is filed.	ı the ea	arlier (	of:
Date	d 8/10/8 . 2015.//			
	Tol Elis Foll		_	
	Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00