409000004/013

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wild Style Wastoms LLC 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:
Ceasar D Richbau Jr
Wild Orgle Knstoms, LC Firm/Company
2212 S. Chick as aw Trall Suite # 1772 & T
Orlando, FL 32825 City/State and Zip Code Wild Stylews toms @ gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ceasar D Richbow Jr at (407) 575-6044 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified cof Status & 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

wild Style Kusi	llity Company as it now appears on our records.) da Limited Liability Company)
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on 428 2007 and assigned
Florida document number <u>L0900004/01.</u>	<u>3</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and end with the words "L	cimited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
	2 cm
	The state of the s
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<i>φ</i> . ω
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enter the name of the new dress here:
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title <u>Name</u> <u>Address</u> **Type of Action** Cegsar D Richbow Ir 2212 S. Chickasaw Trail ₽ Add Orlando, Fz 32825 □ Remove □ Add Remove □ Add ☐ Remove □ Add ☐ Remove □ Add _□ Remove

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f ective Seffectiv	date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
date thi	is document is filed by the Florida Department of State)	
ted	July 2nd . 2014.	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Class David Richbon Jr	~~~
	Signature of a member or authorized representative of a member Class David Rochbow Jr Typed or printed name of signee	-
	Cegrar David Richbow Ir Typed or printed name of signee	2814
	Cegrar David Richbow Ir Typed or printed name of signee	
	Cegrar David Richbow Jr Typed or printed name of signee	<u> </u>
	Cegrar David Richbow Ir Typed or printed name of signee	JUL -3
	Cegrar David Richbow Jr Typed or printed name of signee	<u> </u>

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Filing Fee: \$25.00