L09000046572

(Requestor's Name)
(Address)
(/1001033)
(Address)
(City/State/Zip/Phone #)
(Only Ordaio Ziph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.
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SECRETARY OF STATE

Office Use Only

S. HAWKES

APR 5 2010

EXAMINER

S. HAWKES

EXAMINER



March 23, 2010

DOUGLAS WIESE 14806 FROUNTBEACH RD #70 PANAMA CITY BEACH, FL 32413

SUBJECT: WIESE WATERPROOFING, LLC

Ref. Number: L09000046572

We have received your document for WIESE WATERPROOFING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6955.

Letter Number: 810A00007177

Suzanne Hawkes Regulatory Specialist II

Division of Cornerations D.O. DOV 6997 Wellshooms Florida 99914

COVER LETTER

TO: Registration S Division of Co			•					
SUBJECT:	wiesew	aterproofinglic						
	Name of Limited Liability Company							
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
		douglas wiese						
	Name of Person							
	<u></u>	viesewaterproofinglic	* * ***** · _ · · · · · · · · · · · · ·					
		Firm/Company						
	14	1806frountbeachrd#70						
		Address						
	pa	namacitybeachfl32413						
		City/State and Zip Code						
	dougwiese@ymail.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:								
	doug wiese		624 5551					
Name	Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for	the following amount:							
\$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of 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

			410				
(Name of the Limited (A	Liability Compan Florida Limited Li	v as it now appea	rs on our records.)				
(woning company)	E S S M				
The Articles of Organization for this Limited Li	ability Company v	were filed on	march18th2010 Gand assigned				
Florida document number 109000046	572 .		K. S. IS				
			ين چ				
This amendment is submitted to amend the following	wing:		ALL LE				
A. If amending name, enter the new name of	the limited liabi	ity company he	rg:				
wieseenterprizeslic							
The new name must be distinguishable and end with "L.L.C."	n the words "Limit	ed Liability Comp	any," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applica	ıble:	same as oth	er				
(Principal office address MUST BE A STREET ADDRESS)							

Enter new mailing address, if applicable:		dougwiese@	ymail.com				
(Mailing address MAY BE A POST OFFICE BOX)							
							
B. If amending the registered agent and/o	r registered off	ice address on	our records, enter the name of the new				
registered agent and/or the new registered of	fice address here	•					
Name of New Registered Agent:	same as other	9 r					
New Registered Office Address:							
		Enter Florida street address , Florida					
		City	Zip Code				
New Registered Agent's Signature, if changing R	legistered 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, 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 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			FILED			
Title -	Name	Address	10 APR -5 PI SECRETARY OF TALLAHASSEE, I	STATE FLORIDA Add Remove		
				Add Remove		
				Paragram		
	**************************************			Add · Remove		
		*		Add Remove		
				AddRemove		
D. If amend	ding any other information, enter cha	ange(s) here: (Attac	h additional sheets, if nec	cessary.)		
						
Dated	Parale	(Viao				
	$\mathcal{D}_{\mathcal{O}}$	nber or authorized repr 1505 ped or printed name o	resentative of a member KSK f signee			

Page 2 of 2

Filing Fee: \$25.00