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G. MCLEOD

JUL 21 2009

EXAMINER

COVER LETTER

TO: Registration Section **#** Division of Corporations

SUBJECT: WiseMark Distributions 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:

Moleesa Salcedo Name of Person Wisemark Distributions LLC Firm/Company 23rd Ter Num 203 Address 361 Jainesville, FL 32605 City/State and Zin Code e leesa O <u>SChool of Uniforms. Com</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (404) 274 - 3843 Area Code & Daytime Telephone Number Mark Steaple

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 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 enclosed)

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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

Wise mar K Distribution 5, 220 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{7/02}{09}$ and assigned Florida document number L09000064432.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NIA

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3613 NW 23rd Terrace
Num 203
Gainesville, FL 32605
3613 NW 23rd Terrace
NUM 203
Gainesville, FL 32605

DIVISION OF ANHI: 05

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Meleesa Salcec	1.	
New Registered Office Address:	3613 NW 23rd Terrace, NUM 203 Enter Florida street address		
	Emer Fioriaa street aaaress		
	Crainesville	, Florida	32605
	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 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

Page 1 of 2

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

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action			
MGRM	Mark Steaple	3613 NW 23rd Terrace Num 203 Goinesville, FL 32605	Add X Remove			
MGRM	Melléesa Salicedo	3613 NW 23rd Terrace NGM 203 Gainesville, FL 32605	Add Remove			
			Add Remove			
<u></u>			Add Remove			
			Add Remove			
			Add Remove			
D. If amendin 	ng any other information, enter change(MA	s) here: (Attach additional sheets, if necessary.)				
Dated	uly 17+h, 200	<u>9</u> .	_			
-		r authorized representative of a member				
Andrew Wise Typed or printed name of signee						
Page 2 of 2						
Filing Fee: \$25.00						