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COVER LETTER

TO: Registration Section
Division of Corporations
WASHANDGLOW.LLC

SUBJECT: _____
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:

Jonathan Corcoran

Name of Person

WASHANDGLOW.LLC

Firm/Company

6017 Pine Ridge Rd, #132

Address

Naples FL 34117

City/State and Zip Code

mediazoe Corp@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Corcoran

305 878-0382

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 Oct 12 2009 and assigned
Florida document number 109000098101.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

6017 Pine Ridge Rd.

#132

Naples FL 34117

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

Name of New Registered Agent: Jonathan Corcoran

New Registered Office Address: 6017 Pine Ridge Rd. #132

Enter Florida street address

Naples

Florida


34117

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan Fone	55 Queen Pal Dr.	<input type="checkbox"/> Add
		Naples FL 34117	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Katreena Fone	55 Queen Pal Dr.	<input type="checkbox"/> Add
		Naples FL 34117	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Blane Perun	481 2nd St Ne	<input checked="" type="checkbox"/> Add
		Naples FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Corcoran	3895 5th Ave SW	<input checked="" type="checkbox"/> Add
		Naples FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sabrena Corcoran	3895 5th Ave SW	<input checked="" type="checkbox"/> Add
		Naples FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features ten evenly spaced, solid black horizontal lines running across the width of the page. The background is plain white, and there are no margins, text, or other markings present.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 17, 2024

Jonathan Bove
Signature of a member or

JONATHON FONE

Typed or printed name of signee

Filing Fee: \$25.00