

L10000080612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

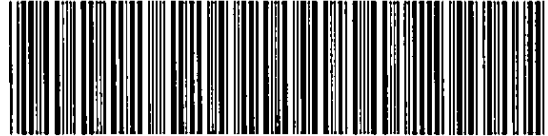
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF COURT CLERKS

O. SIMMONS
SEP 13 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 4WIKITAKY, 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:

NELSON A. RODRIGUEZ-VARELA, ESQ.

Name of Person

NELSON A. RODRIGUEZ-VARELA, P.A.

Firm/Company

1190 S. LEJEUNE ROAD

Address

MIAMI, FL 33134

City/State and Zip Code

NELSON@NRVLAW.US

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

For further information concerning this matter, please call:

NELSON A. RODRIGUEZ-VARELA, ESQ.

at (305) 666-1330

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

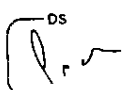

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHLOIE GROUP LIMITED (BVI COMPANY)	c/o TRIDENT TRUST - WICKHAMS CAY	<input type="checkbox"/> Add
		P.O. BOX 146 ROAD TOWN	<input checked="" type="checkbox"/> Remove
		TORTOLA BVI	<input type="checkbox"/> Change
AMBR	OSCAR RONDON MENDEZ	P.O. BOX 565147	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33256-5147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOFIA FERNANDEZ MARTINEZ	P.O. BOX 565147	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33256-5147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 SEP -7 AM 11:00
 DISPOSITION
 ADD
 REMOVE
 CHANGE

FILED

DS
 DS


D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DIVISION OF INVESTIGATION

FILED

E. Effective date, if other than the date of filing: 08/31/2017 (optional)

Effective date, if other than the date of filing: _____ (optional)
(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) each applicable statutory filing requirement, this date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 31, 2017

DocuSigned by:

145180000350

14E10C00250-0E

— DocuSigned by:

952.1
representative of a member
91CA519E7F814D8

51CA519E7F814D8

OSCAR RONDON MENDEZ AND SOFIA FERNANDEZ MARTINEZ

Typed or printed name of signee