

L10000091502

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10 SEP 14 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 15 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WMO SERVICES 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:

Ophel Williams

Name of Person

WMO SERVICES LLC>

Firm/Company

3624 Northwoods Dr.

Address

Kissimmee 34746

City/State and Zip Code

dataprotocol@live.com

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

For further information concerning this matter, please call:

Ophel Williams

Name of Person

at (**305**)

767-1438

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

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

FILED
10 SEP 14 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WMO SERVICES LLC.

(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 09/31/2010 and assigned
Florida document number L10000091502.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3831 West Vine Street Suite 44

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee FL. 34741

Enter new mailing address, if applicable:

3831 West Vine Street Suite 44

(Mailing address MAY BE A POST OFFICE BOX)

Kissimmee FL. 34741

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:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Goldy Hernandez	3831 West Vine Street Suite 44 Kissimmee FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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10 SEP 14 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____.

Signature of a member or authorized representative of a member

Ophel M Williams
Typed or printed name of signee