

L10000117283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

FEB - 8 2010

EXAMINER

Office Use Only



100193004651

02/03/11--01005--028 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB - 3 PM 2:49

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WMTINA 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:

WILLIAM HELLUMS

Name of Person

Firm/Company

424 LUNABELLA LN APT 413

Address

NEWSMYRNA BEACH, FL 32168

City/State and Zip Code

WMTINA@HOTMAIL.COM

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

For further information concerning this matter, please call:

WILLIAM HELLUMS

Name of Person

at (386)

760 7607

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2011 FEB -3 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WMTN LLC

Page 1 of 2

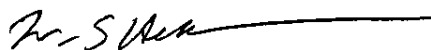
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR=Manager
MGRM=Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christopher E. Hellums	9463 JEFFERSON DAVIS HWY PEMBROKE, KY 42266	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Lori L. Hopkin	4385 DEERING ST. MARIANNA, FL 32446	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Shaun M. Hellums	424 LUNA BELLA LN APT 413 NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Lisa N. Nigh	1611 OC RYAN PLACE FT POLK, LA 71459	<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

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

Dated 1/31, 2011



Signature of a member or authorized representative of a member

William E. Hellums

Typed or printed name of signee

FILED
 FEB - 18
 9M 2:18
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE