

240000 28776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

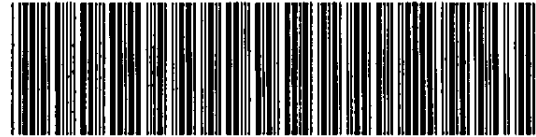
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAR 27 PM 2:58

N COOPER

MAR 28 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WMC SALES, 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:

Gresham R Stoneburner

\_\_\_\_\_  
Name of Person

Stoneburner Berry Purcell & Campbell, P.A.

\_\_\_\_\_  
Firm/Company

200 West Forsyth Street, Suite 1610

\_\_\_\_\_  
Address

Jacksonville, FL 32202

\_\_\_\_\_  
City/State and Zip Code

gstoneburner@jaxlawgroup.com

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

For further information concerning this matter, please call:

Gresham R Stoneburner

904

930-4083

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/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>
MGR	LUIS BARRENECHEA	4494 Southside Blvd., Suite 202	<input type="checkbox"/> Add
		Jacksonville, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAFAEL BARRENECHEA	4494 Southside Blvd., Suite 202	<input type="checkbox"/> Add
		Jacksonville, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JORDI BARRENECHEA	4494 Southside Blvd., Suite 202	<input type="checkbox"/> Add
		Jacksonville, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LRJ MANAGEMENT, LLC	25219 Kuykendahl Rd., Suite 290	<input checked="" type="checkbox"/> Add
		The Woodlands, TX 77375	<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

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

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**E. 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)

**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 March 27 \_\_\_\_\_, 2018

Mrs. Stonebaker, authorized representative

Signature of a member or authorized representative of a member

Gresham R Stoneburner, Registered Agent

Typed or printed name of signee