

L12000052168

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 29 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WONKI WARE USA, 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:

Craig B. Hill

Name of Person

Law Office of Craig B. Hill, P.L.

Firm/Company

625 East Lime Street, Suite 5

Address

Lakeland, FL 33801

City/State and Zip Code

cbhill@chill-law.com

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

For further information concerning this matter, please call:

Craig B. Hill

Name of Person

at (863) 937-9381

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

12 MAY 25 PM 1: 19

WONKI WARE USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 17, 2012 and assigned
Florida document number L12000052168.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Craig B. Hill

New Registered Office Address:

625 East Line Street, Suite 5

Enter Florida street address

Lake land

City

, Florida

33801

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.

C.B. Hill

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:

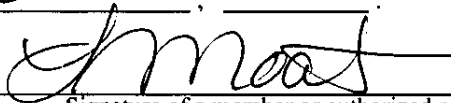
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Raymond L. Moats	5107 Lake-in-the-Woods Blvd. Lakeland, FL 33813	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lindsay R. Moats	5107 Lake-in-the Woods Blvd. Lakeland, FL 33813	<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

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

Dated May 22, 2012



Signature of a member or authorized representative of a member

Lindsay R. Moats

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA