

L1200000085126

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

St. Oulgan JUN 13 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WILD N FUN, 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:

ONIAS DERILUS

Name of Person

Firm/Company

12157 COLONY PRESERVE DR

Address

BOYNTON BEACH, FL 33436

City/State and Zip Code

oniasd@gmail.com

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

For further information concerning this matter, please call:

ONIAS DERILUS

Name of Person

at (**561**) **306-0356**

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILD N FUN, 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 06/28/2012 and assigned
Florida document number L12000085726.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SOLE INVESTMENT GROUP LLC

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)

12157 COLONY PRESERVE DR
BOYNTON BEACH, FL 33436

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12157 COLONY PRESERVE DR
BOYNTON BEACH, FL 33436

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:

ONIAS DERILUS

New Registered Office Address:

12157 COLONY PRESERVE DR

Enter Florida street address

BOYNTON BEACH

Florida 33436

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.

Onias Derilus
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>
D	ONIAS DERILUS	12157 COLONY PRESERVE DR	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Remove
MGR	ONIAS DERILUS	12157 COLONY PRESERVE DR	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated **JUNE 9**, **2013**

Onias Derilus

Signature of a member or authorized representative of a member

ONIAS DERILUS

Typed or printed name of signee

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Filing Fee: \$25.00

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