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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

# WISE CHOICE HOLDINGS, 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:

JOEY BRYANT

Name of Person

WISE CHOICE HOLDINGS, LLC

Firm/Company

33 HOFFMAN DRIVE

Address

**GULF BREEZE, FLORIDA 32561** 

City/State and Zip Code

WISECHOICEHOLDINGS@GMAIL.COM

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

For further information concerning this matter, please call:

JOEY BRYANT

<sub>./</sub>850<sub>.</sub>450-7399

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

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

## WISE CHOICE HOLDINGS, LLC

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

(A FI	orida Limited Liability Company)	Ser o M
The Articles of Organization for this Limited Liab	ility Company were filed on 02/11/2	2013 Fand assigned
Florida document number L13000021222	my company were med on	OR S
Florida document number	<del></del>	Em P
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Company,"	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRECC)	
Trucqua office duaress MOST BE A STREET	ADDRESS <sub>J</sub>	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
Muning duaress MAT DE AT OST OFFICE BU		**************************************
	<del></del>	
B. If amending the registered agent and/or	registered office address on our r	ecords, enter the name of the new
registered agent and/or the new registered offic		
Name of New Registered Agent:	······································	
New Registered Office Address:		
The Management of the Francisco.	Enter F	lorida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** 33 HOFFMAN DRIVE LISA MARIE BRYANT MGRM GULF BREEZE, FL 32561 Remove Remove Remove

D. If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
Dated APRIL 18	2013
CART	
Signature of a	a member or authorized representative of a member
JOSEPH WOODHAN	/I BRYANT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00