



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WONDER SUPPLIES LT, 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:

**JULIO C MOLINA**

Name of Person

**J.C. MOLINA & ASSOC**

Firm/Company

**8260 W FLAGLER STREET STE 2-C**

Address

**MIAMI, FL. 33144**

City/State and Zip Code

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

For further information concerning this matter, please call:

*JULIO C MOLINA*

Name of Person

at ( *305* ) *5599070*

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**

**WONDER SUPPLIES LT, LLC**

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

FILED  
13 DEC -9 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/19/2013 and assigned  
Florida document number L13000040965.

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)**

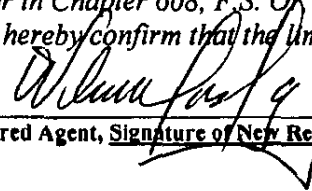
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:** Wilma C. Castillo de Perez  
**New Registered Office Address:** 3116 W. 81St. Street  
*Enter Florida street address*  
Hialeah, Florida 33018  
*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 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>
MGRM	Wilma C Castillo de Perez	3116 W 81St Street	<input type="checkbox"/> Add
		Hialeah, Fl. 33018	<input checked="" type="checkbox"/> Remove
MGR	Juan R Perez Arzola	3116 W 81St Street	<input type="checkbox"/> Add
		Hialeah, Fl. 33018	<input checked="" type="checkbox"/> Remove
MGR	Anamar Perez	3116 W 81St street	<input checked="" type="checkbox"/> Add
		Hialeah, Fl. 33018	<input type="checkbox"/> Remove
MGRM	William Bethencourt	3116 W 81St Street	<input checked="" type="checkbox"/> Add
		Hialeah, Fl. 33018	<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.)

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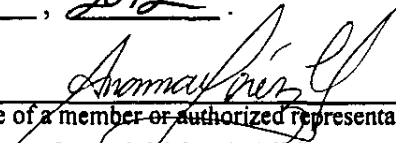
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Dated DECEMBER 04, 2012.



Signature of a member or authorized representative of a member

**ANAMAR PEREZ**

Typed or printed name of signee

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**Filing Fee: \$25.00**