

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300253948073

12/09/13--01010--019 \*\*25.00

2019 DEC -9 PH 3: 14

B. BOSTICK
DEC 1 2 2013

FYAMINER

## **COVER LETTER**

TQ: Registration Section Division of Corporations	
SUBJECT: Wrap It Up Enterprises, 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:	
Dolly M. Rua	
Name of Person	
Dolly M. Rua  Name of Person  Wrap It Up Enterprises, LLC  Firm/Company	
26455 Old 41 Rd S-18 Address	
Bonita Springs, F134135  City/State and Zip Code  Dollyrua 550 @ gmail. Com  E-mail address: (to be used for future annual report notification)	
Dollyrua 550 @ grad . com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
Dolly M. Rua at (239) 913-9092	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)}	:d)

## 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

(A Florida Limited L		<u>z</u>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L1300064933</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the de	signation "LLC" or the abbreviatio
"L.L.C."	,,	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7
Enter new mailing address, if applicable:	Dolly M. Ru	<u>۵</u>
(Mailing address MAY BE A POST OFFICE BOX)	9621 Rosewood P	t Terrace Apt 106
	Bonita Springs, F	-1 34135
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>'e</u> :	
	Enter Florid	a street address
		Florida Zip Code
<del></del>	Citv	
New Registered Agent's Signature, if changing Registered Agent:	City L	ar com

Page 1 of 3

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>	Name ,	Address	Type of Action
MGR	Nicole Kroeger	8940 Colonnacles CT.E	Add
	<i>y</i>	#720 Bonita Springs F1	Remove
		34135	-
MGRM	Natasha M. Zapata	9621 Rosewood Pointe Terra	ice Add
		Apt 106 Bonita Springs, F	Remove
		34135	_
		<del></del>	Add
			Remove
		(3) (2) (3)	_ <b>&amp;</b>
		MLLABASSELTELOPE	Add
		<u> </u>	Remove
			_
			Add
			Remove
			_
	<del></del>		Add
			Remove

Dated	y.)
ited	
ted	
red	
ed	
ed	
ed	
$\Lambda$	
Much Lacge	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2518 DEC -- 9 FK 3: 14