

L 13000067672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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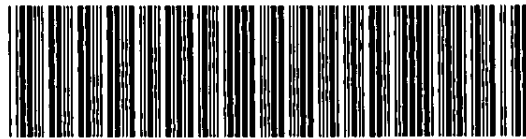
(Business Entity Name)

(Document Number)

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FILED
13 JUL 17 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 18 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wilkinson Services, 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:

Margaret Bynoe

Name of Person

Wilkinson Services, LLC.

Firm/Company

2525 SE Hemsing Street

Address

Port St. Lucie, FL. 34984

City/State and Zip Code

margaret.bynoe@gmail.com

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

For further information concerning this matter, please call:

Margaret Bynoe

Name of Person

772 626-2840

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**

Wilkinson Services, LLC.

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

FILED
13 JUL 17 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/08/2013 and assigned
Florida document number L13000067672.

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: _____

New Registered Office Address: _____

Enter Florida 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 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	Yvonne Joseph	2525 SE Hemsing Street	<input type="checkbox"/> Add
		Port St Lucie	<input checked="" type="checkbox"/> Remove
		Fl. 34984	
MGR.	Shirley Heath	3128 SE Card Terrace	<input type="checkbox"/> Add
		Port St Lucie	<input checked="" type="checkbox"/> Remove
		Fl. 34984	
MGR.	Yvonne Crowthery	9807 51st St Avenue	<input type="checkbox"/> Add
		College Park	<input checked="" type="checkbox"/> Remove
		MD. 20740	
MGR	Ronald Robinson	442 SW Dauphin Avenue	<input type="checkbox"/> Add
		Port St Lucie	<input checked="" type="checkbox"/> Remove
		FL. 34984	
MGR	Dane Wilkinson	2525 SE Hemsing Street	<input type="checkbox"/> Add
		Port St. Lucie	<input checked="" type="checkbox"/> Remove
		FL. 34984	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated July 7th, 2013.

Margaret Bynoe

Signature of a member or authorized representative of a member

Margaret Bynoe

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00