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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000-0000-0000-0000

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **W.G. MIAMI, 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:

MR. MENGELGREIN

Name of Person

W.G. MIAMI, LLC.

Firm/Company

3389 SHERIDAN ST. 264

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

WGMAMI@GMAIL.COM

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

For further information concerning this matter, please call:

A. MENGELGREIN

Name of Person

407 342.3851

at ()

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

W.G. MIAMI, LLC.

Page 1 of 3

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

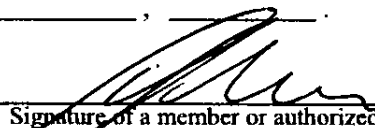
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ASAF MENGELGREIN	3389 SHERIDAN ST. 264	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
MGR	ROI MENGELGREIN	3389 SHERIDAN ST. 264	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____


Signature of a member or authorized representative of a member

ASAF MENGELGREIN

Typed or printed name of signee

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Filing Fee: \$25.00

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