

L17000085967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL 32310  
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J. Shivers JAN 24 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WIGWAM DESIGNS, 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:

**JOSHUA O. DORCEY, ESQ**

Name of Person

**THE DORCEY LAW FIRM, PLC**

Firm/Company

**10181 SIX MILE CYPRESS PKWY, STE C.**

Address

**FORT MYERS, FL 33966**

City/State and Zip Code

**JOSH@DORCEYLAW.COM**

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

For further information concerning this matter, please call:

**JOSHUA O. DORCEY**

Name of Person

at **239 418-0169**

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, 1.0  
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**

WIGWAM DESIGNS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/13/2013 and assigned  
Florida document number L13000085967.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

UNCHANGED

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

UNCHANGED

**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:** THE DORCEY LAW FIRM, PLC

**New Registered Office Address:** 10181 SIX MILE CYPRESS PKWY, STE. C  
Enter Florida street address

FORT MYERS, Florida 33966  
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MADONNA J. BRUHL	313 PORTOFINO DRIVE	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33950	<input type="checkbox"/> Remove
MGRM	MICHAEL GERRY	1876 DORIC AVENUE	<input type="checkbox"/> Add
		THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Remove
MGRM	SHELLEY MARTIN	1876 DORIC AVENUE	<input type="checkbox"/> Add
		THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Remove
MGRM	JEANNINE ROBINSON	1222 OCEANIC ROAD	<input type="checkbox"/> Add
		PUNTA DORDA, FL 33983	<input checked="" 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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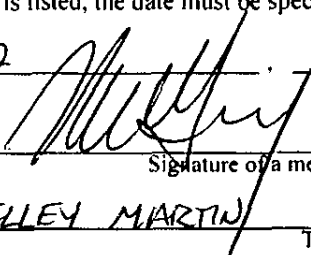
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated JAN 2, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SHELLEY MARTIN

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

14 JAN 13 PM 10:40  
ALLAH... FLORENZA