

✓
L13000103957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

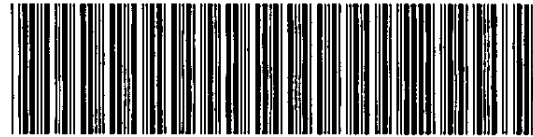
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200251005512

08/26/13--01037--029 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 26 PM 4:04

FILED

B. BOSTICK

AUG 27 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Deuces Wild Management, 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:

Udoka "Dee" Nwosu

Name of Person

Deuces Wild Management, LLC

Firm/Company

4167 SW 66th Lane

Address

Davie, FL 33314

City/State and Zip Code

deuceswildmanagement@gmail.com

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

For further information concerning this matter, please call:

Dee Nwosu

Name of Person

at (413) 275-8946

Area Code & Daytime Telephone Number

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2013 AUG 26 PM 4:04

FILED

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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:

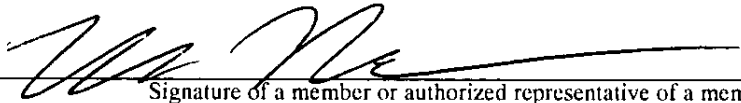
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 AUG 26 PM 1:04

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

Mr. Udoka "Dee" Nwosu

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 AUG 26 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA