

L13000155361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

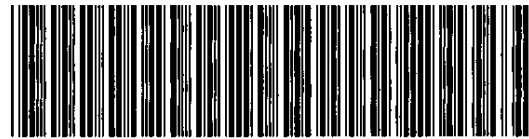
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400254754984

12/23/13--01036--003 \*\*25.00

FILED  
2013 DEC 23 PM 1:37  
CLERK OF COURT  
CLERK OF COURT

DEC 30 2013

T CLINE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Memwa 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:

**Ben Wolkov**

Name of Person

**Wolkov LLP**

Firm/Company

**1441 Brickell Ave, 15th Floor**

Address

**Miami, Florida 33131**

City/State and Zip Code

**bwolkov@wolkovllp.com**

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

For further information concerning this matter, please call:

**Lauren Quattromani**

Name of Person

**305 297-1878**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2013 DEC 23 PM 1:37  
RECEIVED  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

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

2013 DEC 23 PM 3:37  
 RECEIVED  
 DEPARTMENT OF REVENUE  
 1110 BASSWOOD DRIVE  
 COLUMBIA, MO 65201

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

---

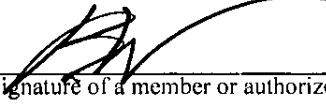
---

---

---

---

Dated December 20, 2013.

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

Ben Wolkov

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

Page 3 of 3

Filing Fee: \$25.00 -

2013 DEC 23 PM 1:37  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT