

L1400002767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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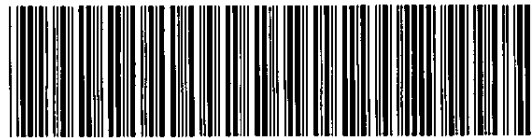
(Business Entity Name)

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B. BOSTICK

JUL 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Addis Wolodu L.L.C
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:

Everusailem A Huiuf
Name of Person

Addis Wolodu L.L.C
Firm/Company

11 43 W Orange Ave.
Address

Tallahassee, FL 32310
City/State and Zip Code

everusailem amare 11@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE, FLORIDA

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TALLAHASSEE

For further information concerning this matter, please call:

Everusailem Huiuf at (813) 526-2762
Name of Person 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

Addis wondu L.C.C

The Articles of Organization for this Limited Liability Company were filed on 02-18 2014 and assigned Florida document number LL4100027767

Page 1 of 3

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>
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☒ Add

☐ Remove

AMBR	ZELALEM GIZAW	850 Capital Walk Dr. Apt. # 9209	<input checked="" type="checkbox"/> Add
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☐ Remove

Tallahassee FL, 32303

AMBR	NETSANET GEBRE	850 Capital Walk	<input type="checkbox"/> Add
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Dr. Apt # 9209 ☒ Remove

Tallahassee FL, 32303

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

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OFFICE

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

Evera

Signature of a member or authorized representative of a member

EVERWALEM HILUF

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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