

L14000642521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

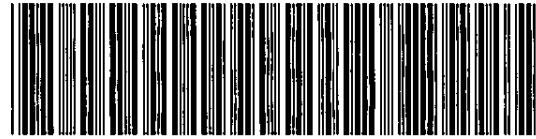
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/19/14--01007--014 **25.00

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14 NOV 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WASU ENTERPRISES LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RANSIT WASU.

Name of Person

WASU ENTERPRISES LLC

Firm/Company

8204 BORGIA COURT,

Address

ORLANDO, 32836

City/State and Zip Code

RANSIT.WASU@GMAIL.COM

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

For further information concerning this matter, please call:

RANSIT WASU

Name of Person

at (321) 301-6881

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

P.S.
My EIN No. is
NOT showing on your
website either!
EIN: 46-5228931
Same for my other company:
AMVA ENTERPRISES LLC
EIN: 47-1725281

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: WASH ENTERPRISES LLC

2. Jurisdiction of its organization: _____

3. Date authorized to do business in Florida: 03/13/14

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

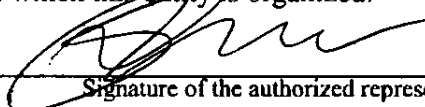
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: ADDITION OF AUTHORIZED PERSONS DETAILS:

MRS. SOPHIA WASU, 8204 BORGIA COURT, ORLANDO, 32836

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

MR. RANSIT WASU.

Typed or printed name of signee

FILED
14 NOV 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00