

U4000 72/83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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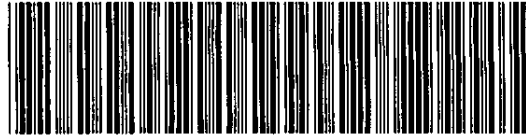
(Business Entity Name)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Words of Wonder Speech Language Pathology Services
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:

Cheryl Hammond
Name of Person

Words of Wonder Speech Language Pathology Services
Firm/Company

1875 Lakemont Ave. Apt. #301
Address

Orlando, FL 32814
City/State and Zip Code

cherylum24@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Qadri at (352) 817-4765
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

Words of Wonder Speech Language Pathology Services, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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.	Cheyl Hammond	1875 Lakemont Ave. Apt. 301	☐ Add
	(previous Address: 1365 Lake Baldwin Lane Apt. 203 Orlando, FL 32814)	Orlando, FL 32814	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 29 of July, 2015


Signature of a member or authorized representative of a member

Cheryl Hammond
Typed or printed name of signee