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# **COVER LETTER**

TO: Registration Se Division of Cor			
www Waho	oo Chasers, L	LC	
SUBJECT:		nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Max V Elsoi	n, Jr	
		Name of Person	
	Wahoo Cha	sers, LLC	
		Firm/Company	
	1055 Banks	Rose Street	
		Address	<del></del>
	Celebration	, FL 34747	
	mvelson@yahoo	City/State and Zip Code  COM  to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	-	
Max Elson		<sub>at</sub> (407 <sub>)</sub> 97373	On pro-
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wahoo Chasers, LLc		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability C Florida document number L14000089221	Company were filed on june 3, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	17 (1) C 17 (1)
		THE RESULTS
		Carlo Control
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		SE O
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addres	ss
		lorida
	City	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 Title <u>Name</u> Address Type of Action 9806 Mohrs Cove Lan Denise Masson mgr □ Add Windermere, FL 34786 □ Add ☐ Remove \_□ Add ☐ Remove ☐ Remove \_□ Add ☐ Remove

. If amending any other init	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
Dated June 6	2014
	141.985-
	Signature of a member or authorized representative of a member
	Max V. Elson Jr.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00