

L14000171030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

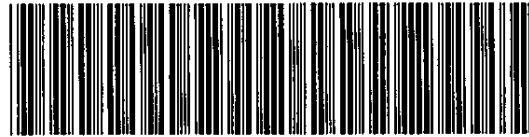
(Business Entity Name)

(Document Number)

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REC'D 15 2014  
D. B. B. B.

LAW OFFICES  
**FRANK J. GRECO, P.A.**  
A FLORIDA PROFESSIONAL ASSOCIATION  
708 SOUTH CHURCH AVENUE  
TAMPA FLORIDA 33609  
TELEPHONE: (813) 287-0550  
FAX: (813) 289-5331  
Email: [fgrecolaw@verizon.net](mailto:fgrecolaw@verizon.net)

December 5, 2014

Division of Corporations  
Registration Section  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: WOW BURGERS F106 LLC, WOW BURGERS F141 LLC, WOW  
BURGERS F3091 LLC, WOW BURGERS F6355 LLC, AND WOW BURGERS LLC**

Dear Sir or Madam:

Enclosed please find the articles of amendment to the articles of organization for the above referenced limited liability companies. Also enclosed is a check in the amount of \$150.00 to cover the fees, plus certificate of good standing for each organization.

Upon filing, please send me the certificates in the self addressed envelope enclosed.

Should you have any questions regarding the above, please contact me immediately.

Sincerely,

**FRANK J. GRECO, P.A.**

Frank J. Greco

FJG/fg  
Enclosures

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STATE OF FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **WOW BURGERS 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:

**Shaji Joseph**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**10537 Canary Isle**

\_\_\_\_\_  
Address

**Tampa, FL 33647**

\_\_\_\_\_  
City/State and Zip Code

**shaji2004@msn.com**

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Shaji Joseph**

**813 240-6155**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

WOW BURGERS LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	

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

Add new Article VI: Purpose

The purpose of this limited liability company is to develop, own and operate

Checkers Restaurants in accordance with Checkers franchise system along

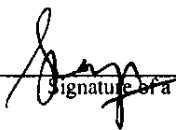
with all activities attendant thereto.

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 December 5, 2014

X



Signature of a member or authorized representative of a member

Shaji Joseph

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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