

L150000 44599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300277215773

09/21/15--01030--004 **30.00

FILED
15 SEP 21 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2015

J SHIVERS

SEPTEMBER 17, 2015

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

RE: AMEND ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY COMPANY
DUE TO INCORRECT SPELLING OF COMPANY AND INCORRECT ZIP CODE

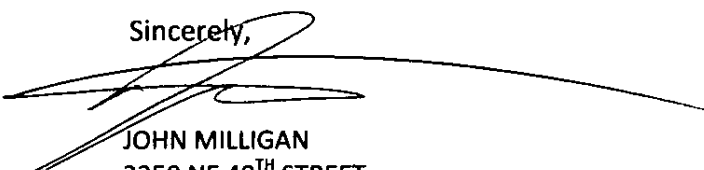
TO WHOM IT MAY CONCERN:

Please accept the attached "Cover Letter" with amendments made to articles of organization of a Florida Limited Liability Company. The need to amend is due to spelling error of company, and incorrect zip code. Please note correct name of company is **WALDOMOTORSPORTSMX, LLC** and correct zip code is **34479**.

I have also enclosed a check for \$30.00 for filing fee and Certificate of Status.

With this filing, I am entrusting the information provided to the IRS will also be corrected, as I received Employer Identification Number from them with the incorrect name (WOLDOMOTORSPORTSMX, LLC) and CORRECT zip code of 34479.

Sincerely,



JOHN MILLIGAN
2350 NE 40TH STREET
OCALA, FL 34479

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WOLDOMOTORSPORTSMX, 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:

JOHN MILLIGAN

Name of Person

Firm/Company

2350 NE 40TH ST

Address

OCALA, FL 34479

City/State and Zip Code

WALDOMOTORSPORTSMX@GMAIL.COM

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

For further information concerning this matter, please call:

JOHN MILLIGAN

352 427-4974
at ()

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

Page 1 of 3

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

15 SEP 21 AM 8:3
FOR INFO
7100 2011 10 10

15 SEP 21 AM 8:39

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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.

Dated SEPTEMBER 17, 2015

~~JOHN MILLIGAN~~

Typed or printed name of signee