U500078670

(Ře	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



900273047259

05/26/15--01010--004 **25.00

2015 JUL 29 (2: 33 SECRETARY OF STATE ALLAHASSEE, FLORIDA

ILED

WL 30 2015

May 27, 2015

CANDICE WALKER 10450 TURKEY LAKE 692318 ORLANDO, FL 32869

SUBJECT: WW ACCOUNTING LLC

Ref. Number: L15000078670

We have received your document for WW ACCOUNTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 515A0001 রিবী

COVER LETTER

TO: Registration Sec Division of Corp		·		
SUBJECT: WW	ACCOUNTINA Name of Limi	ted Liability Company		
	Amendment and fee(s) are submodence concerning this matter to	-	PILEI 2015 JUL 29 P SECRETARY OF TALLAHASSEE.F	
	Candic	Name of Person Pirm/Company	P 2: 33 OF STATE OF FLORIDA	j a n
	10450 T	Urkey Lok Address	<u>e 692318</u>	
	orianac	City/State and Zip Code	9	
	E-mail address: (t	o be used for future annual report notifi	(250_0) 9M011	. COM
For further information co	oncerning this matter, please ca	dl:		
Name of	Person	at (850 516) Area Code Daytime	Telephone Number	
Enclosed is a check for th	e 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)	
	NG (PROPERTY)			

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

(Name of the Limited)	Liability Company as it now app Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab	• •	May 04,20	☐ and assigned
This amendment is submitted to amend the follows	ing:		
A. If amending name, enter the new name of th	e limited liability company	here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	SECRETARY OF ALLAHASSEE F	
B. If amending the registered agent and/or registered agent and/or the new registered offic		<u> </u>	₩ Whe name of the nev
Name of New Registered Agent:	Canaice	Walker	
New Registered Office Address:			
	Enter F	lorida street address	
-	City	, Florida	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.

Candice Valker
If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action				
			Add				
			☐ Remove				
			Change				
	<u></u>						
			Remove				
			☐ Change				
			□ Add				
			Remove				
			Change				
			Change Change Change Change Change Change				
			SSEE F				
			F S TA Change				
			Add				
			□ Remove				
			Change				
			Add				
			□ Remove				
			□ Change				

-		· ·	·				·····		 		—
									<u>.</u>		_
											_
		··· - · · · · · · · · · · · · · · · · ·									
	•										
								=	n.2		
						****		SECR	2015		
									JUL 2	Contraction Contraction A D	_
					.			TARY C		m	
								OF STATE FLORI	<u>.</u>	O	
								NO ATE	 		—
	. <u>.</u>										
								, .			
effective le: If the	date is listed, t date inserted	than the da ne date must be in this block on the Depa	specific and does not	d cannot be meet the a	applicable	ate of filing statutory	or more than	90 days afte	onal) r filing.) s date v	Pursuant to will not be l	605.0 listed
		delayed e the record			it not ar	n effecti	ve time, a	at 12:01	a.m. o	on the ea	rlie
ed	MAY	21 Can		, 20	15						
		(4)	n -	71.7	. 11.						

Page 3 of 3

Filing Fee: \$25.00