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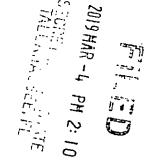
(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone i	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	





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R. WHITE MAR 1 2 2013

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: MA	LENE WISDOM Name of Lim	ENTER PRISES ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MALENE	A. ROBINSON Name of Person	<u> </u>
		Firm/Company	
	10433 Su	NRISE LAKES BU	UD. #302
	SUNRISE,	FL 33322 City/State and Zip Code	
	MALENE WL E-mail address: (	SDOME GMAIL.CO	cation)
For further information c	oncerning this matter, please ca	all:	
MALENE Name of	A. ROBINSON FPerson	at ( <u>954</u> ) 330 - 4 Area Code Daytime	Felephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	De \$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:

TO:

Registration Section

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



MALENE WIS DOM ENTERPRISES LLC:

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Enter Florida stro	vet address, Florida Zip Code
Enter Florida stre	vet address
	· · · · · · · · · · · · · · · · · · ·
	records, enter the name of the new
y Company." the designat	ion "LLC" or the abbreviation "L.L.C."
	ES ILC
•	•
* CIC 111CG OII	24 2015 and assigned
	ity company here:  ENTERPRIS y Company." the designat

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
		☐ Remove	
			Change
		□ Remove	
			Change

\_□ Add

☐ Remove

\_ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	we date, if other than the date of filing: 03 01 2019 at 12:01 (optional) retive 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) to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
(f the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	1S+ March 2019  Make Robert Signature of a member or authorized representative of a member
	MALENE ROBINSON Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00