

L15000 174455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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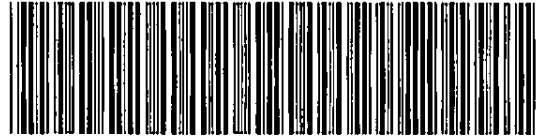
(Business Entity Name)

(Document Number)

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2021 MAY 27 PM 2:27  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: W. P. CONSULTANTS ASSOCIATES, 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:

JERRY W. ALLENDER, ESQUIRE

Name of Person

ALLENDER & ALLENDER, P.A.

Firm/Company

719 Garden Street

Address

Titusville, Florida 32796

City/State and Zip Code

jallender@allenderlaw.com

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

For further information concerning this matter, please call:

JERRY W. ALLENDER

321 269-1511  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

W. P. CONSULTANTS ASSOCIATES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 5, 2015 and assigned  
Florida document number L15000174455.

This amendment is submitted to amend the following:

**A: If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: JOSEPH A. LUDWIG

New Registered Office Address: 6145 N. TROPICAL TRAIL

*Enter Florida street address*

MERRITT ISLAND

*City*

Florida 32953

*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 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>
AMBR	JOSEPH A. LUDWIG	6145 N. TROPICAL TRAIL	<input checked="" type="checkbox"/> Add
		MERRITT ISLAND, FL 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXANDER J. LUDWIG	6145 N. TROPICAL TRAIL	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2008 MAY 27 PM 2:27  
FLORIDA  
UNION

2021 MAY 27 PM 2:21  
15  
TALLAHASSEE, FLORIDA

2021 MAY 27 PM 2:27  
FBI - TAMPA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 25, 2021

Signature of a member

Signature of a member or authorized representative of a member

JOSEPH A. LUDWIG

Typed or printed name of signee

**Filing Fee: \$25.00**