

L1600000 2697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

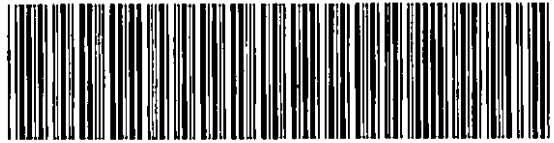
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN -4 AM 10:46

N COOPER
JUN 05 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WENO BROTHERS 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:

MICHAEL SCHMIDTKE

Name of Person

MANITOU ISLANDS LLC

Firm/Company

444 BRICKELL AVENUE, SUITE 51-425

Address

MIAMI, FL 33131

City/State and Zip Code

WENO.BROTHERSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL SCHMIDTKE

415

583-3502

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

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	KLNB GROUP LLC	10454 Windmere Chase, Blvd	<input type="checkbox"/> Add
		GOTHA, FL 34734	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KEITH HALL BARKLEY	444 Brickell Avenue, Suite 51-424	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(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)

Dated _____, _____


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MICHAEL SCHMIDTKE

Typed or printed name of signee