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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE LAW OFFICE OF WYNDI L. WHEATON, PLLC  
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:

WYNDI L. WHEATON

Name of Person

WHEATON & MORROW

Firm/Company

4513 WOODBINE ROAD

Address

PACE, FL 32571

City/State and Zip Code

WYNDI@WHEATON-LAW.COM

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

For further information concerning this matter, please call:

WYNDI L. WHEATON

850 299-4992  
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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2008 JUL 25 AM 8:15

**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.

(b) The 90th day after the record is filed.

Dated JULY 20, 2018

  
Signature of a member or authorized representative of a member

WYNDI L. WHEATON

Typed or printed name of signee