

L16000012607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

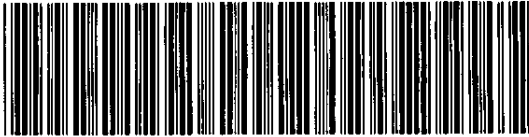
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100283094321

03/16/16--01013--003 **60.00

RECEIVED
DEPARTMENT OF STATE
16 MAR 16 PM 2:43
16 MAR 16 PM 1:57
DEPARTMENT OF STATE

MAR 16 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wondu TAXES L.L.C
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:

Eyonuaim A Hiuw
Name of Person

Wondu TAXES L.L.C
Firm/Company

1143 W Orange Ave
Address

Tallahassee, FL, 32310
City/State and Zip Code

ADD WONDU@VAHMO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eyonuaim Hiuw at (813) 629-2318
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WORLD TAXES L.L.C.
(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 01/18/2016 and assigned Florida document number 116000012607

This amendment is submitted to amend the following:

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

QUINCY FUN - CARE L.L.C.
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)

1105 W JEFFERSON ST.
QUINCY
32351

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3668 Biltmore Ave
Tallahassee FL
32311

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:

EYEHUAIOM A HNUF

New Registered Office Address:

3668 Biltmore Ave.
Enter Florida street address

Tallahassee, Florida 32311
City 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.

EYEHUAIOM A HNUF

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>
MGR	EYONWAION	3668 BIRDMORE	<input checked="" type="checkbox"/> Add
	^A HIMF	AVE. TAMAHONNEE, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11 MAR 16 PM 1:58
 TAMAHONNEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

16 MAR 16 PM 1:57

E. Effective date, if other than the date of filing: April 1st, 2016 (optional)
(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),
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.

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 03-16-2016

Signature of a member or authorized representative of a member

EYENISAIOM A HIUF
Typed or printed name of signer