

416000057277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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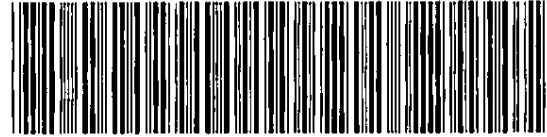
Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

JUL 26 2017

✓ SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2017

AW4, LLC  
ALAIN WICKE  
3739 COLLINS AVENUE N204  
MIAMI BEACH, FL 33140

SUBJECT: AW4, L.L.C.  
Ref. Number: L16000059277

We have received your document for AW4, L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 517A00013335

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AW4, L.L.C.

Name of Limited Liability Company

RECEIVED  
2017 JUN 26 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAIN WICKE

Name of Person

Firm/Company

3739 COLLINS AVENUE N204

Address

MIAMI BEACH, FLORIDA 33140

City/State and Zip Code

alainwicke@aol.com

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

For further information concerning this matter, please call:

ALAIN WICKE

305 793-5520

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

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

AW4, 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 03/23/2016 and assigned  
Florida document number L16000059277

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:

New Registered Office Address:

Enter Florida street address

Florida

City

**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>
MGR	PETER WICKE	5540 SW 80 STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	DIRK WICKE	5540 SW 80 STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLA

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 07-17-2018 BY SP-6 BTM/KMP/STP

**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.

Dated JUNE 19 2017

ALAIN WICKE

Typed or printed name of signee