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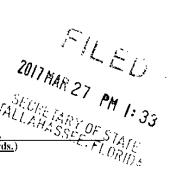
COVER LETTER

TO: Registration Section Division of Corpor	n ations		
SUBJECT: Wise FI	F LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
		N	
		Murray R. Wise Name of Person	
		Name of Ferson	
		Firm/Company	
		4309 Crayton Rd.	
•		Address	
		Naples, FL 34103	
		City/State and Zip Code	
_	E-mail address: (t	Murray@mwallc.com to be used for future annual report notifica	tion)
For further information conce	erning this matter, please ca	alf:	
Forrest J. Heyman		at (217_)352-1800	
Name of Per	Son	Area Code Daytime To	elephone Number
Enclosed is a check for the fo	ollowing 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



Wise FF 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 Compa	ny were filed on _	June 15, 2016	and assigned
Florida document number <u>L16000116072</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	ere:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the	designation "LLC" or the al	bbreviation "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 registered agent and/or the new registered office address h		ı our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	Emer Pio		
	City	, Florida	Zip Code
	Cuy		zip Coae

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: FILED MGR = Manager 2017 MAR 27 PM 1: 33 Type of Action AMBR = Authorized Member DECKETARY OF STATE ALLAHASSEE, FLORIDA -- Add <u>Address</u> <u>Title</u> Name ☐ Remove ☐ Change _ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add □ Remove ☐ Change □ Remove ☐ Change

as o	f the date hereof,	or the corres	sponding p	rovisions o	of any futu	re United S	tates Inter	nal
Revo	enue Law, may be	: members of	f Wise FF L	LC.				
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effective	ate, if other than the date is listed, the date m	ust be specific and	d cannot be pric	r to date of fili	ng or more than	i 90 days after f	iling.) Pursuant	to 605.0
_	date inserted in this leffective date on the				ry filing requi	rements, this	date will not	be listed
								•
	specifies a delayed and a second and a second a			ot an effec	tive time,	at 12:01 a.	m. on the	earliei
	March	12	2015					
ed	March	- ~ 0	$\frac{2017}{1}$	<u> </u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00