

L160000147632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

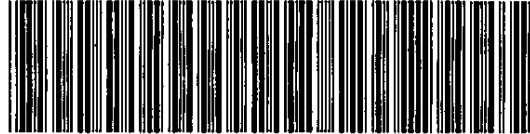
(Business Entity Name)

(Document Number)

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AUG 23 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WON APR, 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:

Sherry Folda
Name of Person

WON APR, LLC
Firm/Company

4001 Avalon Road
Address

Winter Garden FL 34787
City/State and Zip Code

wonurseries@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Folda at 407 877 2930
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

WON APP, LLC

Page 1 of 3

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	Steve Pickens	4001 Avalon Rd. Winter Garden FL 34787	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 AUG 19 10:14
ALLIANCE FLORIDA

16 AUG 19 AM 10:14
DEPT OF STATE
FALLAH, SSE, FLORIDA

16 AUG 19 AM 14
U.S. AIR FORCE
HAWAII, FLORIDA

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 August 17, 2016

Austin Pickens
Signature of a member of

Signature of a member or authorized representative of a member

Austin Pickens

Typed or printed name of signee