## 11600158860

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(enjionate aprilione nj
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<del></del>
Special Instructions to Filing Officer:
ł
}

Office Use Only



500307941715

01/25/18--01005--018 \*\*25.00

18 JAN 25 PM 2: 20

## COVER LETTER

TO;	Registration Se Division of Cor				
oun er		NCIAL NETWORK LLC			
SUBJE	C1:	Name of Limi	ited Liability Comp	ary	
		Amendment and fee(s) are sub-	_		
i icasc i	eturi an correspo	ractice concerning this matter	to the following.		
		ISMAEL PEREZ			
			Name of Per	rson	
		WIKI FINANCIAL NETW	VORK LLC		
		<del> </del>	Firm/Comp.	any	
		600 THACKER AVE STE	. <b>D6</b> 1		
			Address		· · · · · · · · · · · · · · · · · · ·
		KISSIMMEE, FL , 34741			
			City/State and Z	ip Code	<del></del>
		wikiperez@gmail.com			
		E-mail address: (t	to be used for future	e annual report noti	fication)
For furt	her information c	oncerning this matter, please ca	all:		
ISMAE	L PEREZ		407 at (	545-0909	
	Name o	f Person	Area Co	Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:			
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filit Certified ( (additional c		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		•	IER ADDRESS:
Registration Section Division of Corporations				egistration Section	
		ox 6327		Vision of Corpo Lifton Building	raums
	Tallaha	issee, FL 32314		661 Executive Co	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIKI FINANCIAL NETWORK LLC				
(Name of the Limited Liability Compar (A Florida Limited L	v as iabili	t now appears on our records.) y Company)		
The Articles of Organization for this Limited Liability Company of Florida document number L16000158860	were	filed on	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity (	ompany here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Co	mpany," the designation "LLC" or the ab	breviation ".C."	
Enter new principal offices address, if applicable:	600	THACKER AVE	JAN	
(Principal office address MUST BE A STREET ADDRESS)	SU	TE D61	ASS	-
	KI!	SIMMEE, FL 34741	2	֓֝֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֝֓֓֓֓֝֓֓֓֡֝֓֓֡֝֡֝֓֓֓֡֝֡֝֡֝֡֝֡֝֡֝֡֝֡֡֝֡
Enter new mailing address, if applicable:			F STATE FLORIUM N 2: 20	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		address on our records, <u>enter</u>	the name of the nev	<u>*</u>
New Registered Office Address:				
		Enter Florida street address		
		, Florida	7.01	
New Registered Agent's Signature, if changing Registered Agent:	(	ity 	Zip Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office company has been notified in writing of this change.	perfe rovi	rmance of my duties, and I am fo ded for in Chapter 605, F.S. Or,	amiliar with and if this document is	?

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 Title Title <u>Name</u> <u>Address</u> Type of Action **BRENDA BALAGUER** 5425 CALLA LILY CT MGR □ Add KISSIMME, FL 34758 Remove □ Change \_□ Add □ Remove ☐ Change \_D Add □ Remove ☐ Change DbA □ □ Remove ☐ Change ☐ Remove □ Change □ Add \_□ Remove ☐ Change

•						
	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·	· ·				
					<del></del>	
	·····					
		· · · · · · · · · · · · · · · · · · ·		·		
	_					
						<b>ಹ</b>
					.,	JAN 2
		<del></del>				-~
	<u> </u>				<u> </u>	P
				· · · · · · · · · · · · · · · · · · ·		Ÿ
						<del>2</del> 3
					<u> </u>	_
					<del></del>	
			<del></del>			<del></del>
fective date, if other than the effective date is listed, the date in this listed in this listed in the date on the listed ate on the	ist be specific and block does not n	i cannot be prior to nect the applicab	date of filing or n	ore than 90 days aft		
record specifies a delaye The 90th day after the re			an effective	time, at 12:01	a.m. on the ea	rlier o
ted	<u> </u>	2018				
_	Nei	<del></del>	•			
	Signature of a r	member or authori	- I	of a member		•
	Ismael					

Page 3 of 3

Filing Fee: \$25.00