

116 000 176 853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

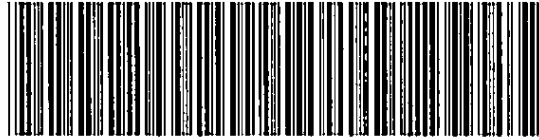
(Document Number)

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2022 FEB 22 AM 7:02

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

MAR - 1 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB 22 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FL

February 7, 2022

ROBERT WILSON  
2938 BAYSHORE POINTE DR  
TAMPA, FL 33611

SUBJECT: ASK ROB ABOUT REAL ESTATE, LLC  
Ref. Number: L16000176853

We have received your document for ASK ROB ABOUT REAL ESTATE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with 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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 222A00002926

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASK ROB ABOUT REAL ESTATE 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:

ROBERT E WILSON

Name of Person

ROBERT E WILSON LLC

Firm/Company

2938 BAYSHORE POINTE DR

Address

TAMPA FL 33611

City/State and Zip Code

robert.wilsontampa@gmail.com

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

For further information concerning this matter, please call:

ROBERT WILSON

Name of Person

at ( 913 )

Area Code

784-4199

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

ASK ROB ABOUT REAL ESTATE LLC 2022 FEB 22 AM 7:02  
(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 09/17/2016 and assigned  
Florida document number L16000174853

This amendment is submitted to amend the following:

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

ROBERT E WILSON LLC

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)

5801 S DALE MABRY HWY  
TAMPA FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2438 BAYSHORE POINT DR  
TAMPA FL 33611

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:

N/A

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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.

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

Handwritten signature: *WAZ*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 2/16/2022

*WAZ*

Signature of a member or authorized representative of a member

*ROBERT WILSON*

Typed or printed name of signee