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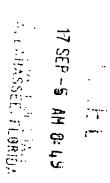
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
DAVED Me CLEAN Name of Person
WANOUG LLC Firm/Company
1520 PARK MEADOWS DR #1
FORT MYERS FL 33907 City/State and Zin Code
DAVED 3 MCCLEANGROUP. US E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAUFD MCCLEAM at 786 281-9876 Name of Person Area Code Daytime Telephone Number
incrosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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, FI, 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

	CLLC d Liability Company as it now a	preservon our records)	
(.	A Florida Limited Liability Comp	any)	
The Articles of Organization for this Limited Lia		n 12/28/16	and assigned
arienament is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compa	ny here:	
he new name must be distinguishable and contain the wo	rds "Limited Liability Company,"	the designation "LLC" or the a	aboreviation *L.L.C.
Enter new principal offices address, if applica	ble: — AA	ALIE GRA	NICK
Principal office address MUST BE A STREET	ADDRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B			
Maning dadress MAT BE A 1031 OF TICE B	<u></u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi	2	s on our records, <u>enter</u>	the name of the ne
			SEP
clame of New Registered Agent:	NATALIE	GRANIER	<i>30≥</i> .
New Registered Office Address:			
	Ente	r Florida street adares:	
		, Florida	E C
	Thy .		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

it 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>	Address	Type of Action
MGR	NATALIE GRANIER	1520 PARK MEADOWS DE #1 FORT MYERS FL 33907	⊵s ⊼dd
			Remove
			Change
			
			Remove
			Change
			bbd
			Remove
			CChange
			Add
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n effective date is list ote: If the date inse	her than the date of filing: ed, the date must be specific and cannot be prior to date or the date in this block does not meet the applicable stadate on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to autory filing requirements, this date will not be	605.0 057.0
	s a delayed effective date, but not an e ter the record is filed.	ffective time, at 12:01 a.m. on the ea	rlier
teć	8/30/17		
	David M'Clu	presentative of a member	-
	Signature of a memoer or authorized re	presentative of a memoer	

rage 5 of 3

Filing Fee: \$25.00