

**L17000070093**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**APR 28 2017**  
**S. YOUNG**

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TALLAHASSEE, FLORIDA  
17 APR 27 PH 2:55

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

WDW MANOR LLC  
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:

**JAMES GRELLA**

\_\_\_\_\_  
Name of Person

**N.J. GRELLA & ASSOCIATES CPAs**

\_\_\_\_\_  
Firm/Company

**9 Legends Circle**

\_\_\_\_\_  
Address

**Melville, NY 11747**

\_\_\_\_\_  
City/State and Zip Code

**james@njcpa.com**

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

For further information concerning this matter, please call:

<b>James Grella</b>	<b>631</b>	<b>242-0548</b>
_____ Name of Person	at (_____ Area Code	Daytime Telephone Number

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Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> <b>\$25.00 Filing Fee</b>	<input type="checkbox"/> <b>\$30.00 Filing Fee &amp; Certificate of Status</b>	<input type="checkbox"/> <b>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</b>	<input type="checkbox"/> <b>\$60.00 Filing Fee, Certificate of Status &amp; Certified Copy (additional copy is enclosed)</b>
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**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

WDW MANOR 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 Company were filed on MARCH 28, 2017 and assigned Florida document number L17000070093.

This amendment is submitted to amend the following:

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

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)**

7682 FITZCLARENCE STREET

KISSIMME, FL 34747

17 APR 21  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
2:55 PM

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:**

7682 FITZCLARENCE STREET

*Enter Florida street address*

KISSIMME

, Florida

34747

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**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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SECRETARY OF STATE

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

**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 04/21/17

Carl M. Muehleisen

Signature of a member or authorized representative of a member

CARL M. GRUBER

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**