

L17000073904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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17 DEC -4 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A LITTLE WISER, 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:

REBECCA WISER

Name of Person

A LITTLE WISER, LLC

Firm/Company

6782 VIA REGINA

Address

BOCA RATON, FLORID 33433

City/State and Zip Code

BECCA.WISER@GMAIL.COM

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

For further information concerning this matter, please call:

REBECCA WISER

561

460-8663

at (_____) _____

Name of Person

Area Code

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
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**

A LITTLE WISER, 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 APRIL 03, 2017 and assigned
Florida document number L17000073904.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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:

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

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>
MGR	LEAH FORTUNA WISER	6782 VIA REGINA	<input checked="" type="checkbox"/> Add
		BOCA RATON, FLORIDA 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HANNAH JOY WISER	6782 VIA REGINA	<input checked="" type="checkbox"/> Add
		BOCA RATON, FLORIDA 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CORIN WISER	6782 VIA REGINA	<input checked="" type="checkbox"/> Add
		BOCA RATON, FLORIDA 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAMUEL WISER	6782 VIA REGINA	<input checked="" type="checkbox"/> Add
		BOCA RATON, FLORIDA 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 DEC - 4 AM 9: 41

17 DEC - 4 AM 9:41

SECRETARY OF DEFENSE
FALL 1959

(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)

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.

LIBERATED FOR WISE

Signature of a member or authorized representative of a member

REBECCA WISER

Typed or printed name of signee