

**L17000095742**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

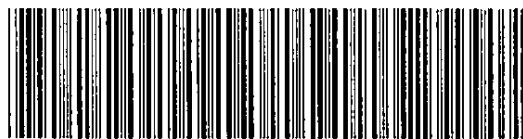
(Document Number)

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FILED  
17 JUL 12 PM 12:00  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

S. WARREN

JUL 13 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2017

LETICIA CLINE  
3303 DUPREE AVE  
ORLANDO, FL 32806

SUBJECT: THE WILD GYPSY TOUR LLC  
Ref. Number: L17000095742

We have received your document for THE WILD GYPSY TOUR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 917A00011251

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Wild Gypsy Tour 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:

Leticia Cline

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

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

3303 Dupree Ave

\_\_\_\_\_  
Address

Orlando, FL 32806

\_\_\_\_\_  
City, State and Zip Code

leticiacline@cme.com

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

For further information concerning this matter, please call:

Leticia Cline

917 208-8829

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

at ( )  
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  
Chilton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The Wild Gypsy Tour 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 05/01/2017 and assigned Florida document number L17000095742.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

285 W 6th Street

Unit 305

San Pedro, CA 90731

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

285 W 6th Street

Unit 305

San Pedro, CA 90731

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

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JUN 12 PM 12:00

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	Giselle M Levy	1621 W Grant St	<input type="checkbox"/> Add
		Orlando, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kristen M Lassen	3833 Stonetield Dr	<input type="checkbox"/> Add
		Orlando, FL 32826	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leticia Cline	3303 Dupree Ave	<input type="checkbox"/> Add
		Orlando, FL 32806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelly YAZDI	285 W. 6 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
		Unit 305	<input type="checkbox"/> Remove
		San Pedro, CA 90731	<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


FILED

17 JUL 12 PM 12:00

[illegible]

**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.

Dated May 23rd 2017

  
Signature of a member or authorized representative

Leticia Cline  
Typed or printed name of signer

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17 JUL 12 PM 12:00  
FBI - TAMPA  
TAMPA, FLORIDA