

L17000120213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800299610108

06/05/17--01011--015 \*\*25.00

FILED  
17 JUN -5 AM 11:17  
RECEIVED  
17 JUN -5 PM 2:40  
SECRETARY OF STATE  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 5 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WFH Simulated Offices 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:

Terri Copeland Wingfield  
Name of Person  
WFH Simulated Office LLC  
Firm/Company  
1300 NE 39th Ave #236  
Address  
Gainesville, FL 32609  
City/State and Zip Code

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

For further information concerning this matter, please call:

Terri C Wingfield at (352) 575-4954  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED  
17 JUN -5 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

WTH Simulated Offices 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 06.01.17 and assigned  
Florida document number 117000120213

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)**

**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          | Faith Copeland Winkfield | 1300 DE 31 <sup>st</sup> AVE # 236 | <input checked="" type="checkbox"/> Add |
|              |                          | Gainesville, FL 32609              | <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         |
|              |                          |                                    | <input type="checkbox"/> Add            |
|              |                          |                                    | <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         |

FILED  
JUN 17 11:17  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

17  
17

**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.

on the earlier of:

Faith Copeland Wickfield  
 Signature of a member or authorized representative of a member  
 FAITH COPELAND WICKFIELD  
 Typed or printed name of signee