

**L17000147326**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

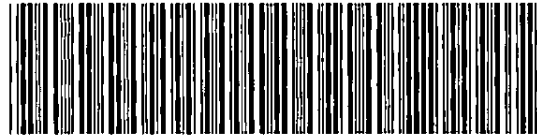
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE FL 32304

JUL 21 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Interstate Wiz 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:

Leona McMillan  
Name of Person

Interstate Wiz LLC  
Firm/Company

6401 S. Westshore Blvd 1524  
Address

Tampa, FL 33616  
City/State and Zip Code

Leona McMillan 28@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leona McMillan at (813) 520 7106  
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

Interstate Wiz LLC

The Articles of Organization for this Limited Liability Company were filed on July 10, 2017 and assigned Florida document number L17000147326.

Interstate WIZ Transportation LLC

Page 1 of 3

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

Title	Name	Address	Type of Action
AMBR	Matthew McMillan	6401 S. Westshore Blvd 1524	<input checked="" type="checkbox"/> Add
		Tampa, FL 33616	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leona McMillan	6401 S. Westshore Blvd 1524	<input checked="" type="checkbox"/> Add
		Tampa, FL 33616	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Matthew McMillan and Leona McMillan are already listed as authorized managers but should be members.

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 July 14, 2017 2017.

Leona McMillan  
Signature of a member or authorized representative of a member

Leona McMillan  
Typed or printed name of signee

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