

L17000187080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

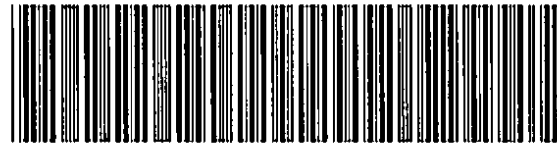
Certified Copies _____

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Special Instructions to Filing Officer:

Wrong form

Office Use Only



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TALLAHASSEE, FLORIDA

S. WARREN

NOV 30 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2017

WUINDER GALINDO
15 MAR MAK DR
LAKE WORTH, FL 33461

SUBJECT: WUINDER GALINDO, LLC
Ref. Number: L17000187080

We have received your document for WUINDER GALINDO, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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: 417A00023076

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wuinder Galindo, 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:

Wuinder Galindo.
Name of Person

Firm/Company

15 Mar Mak DR
Address

Lake Worth FL 33461
City/State and Zip Code

windergalindo9@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wuinder Galindo at (561) 856 5260
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**

Wuinder Galindo, 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 9-1-2017 and assigned Florida document number L17000187080.

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

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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>
AMBR	Wuinder O Galindo	15 Mar Mak DR Lane worth ^{FL} 33461	☒ Add
			☐ Remove
			☐ Change
			☐ Add
MGR	Galindo, Wuinder O, SR.	15 Mar MAK DR Lake worth FL 33461	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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CLERK OF THE COURT

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

I only want to make a change on My
title of MGR Galindo, Wuinder O. (SR)
to: AMBR Wuinder O. Galindo.

so I can open a bussines account
for My LLC. My ID does not show
SR, I made a Mistake when I
Filed for My LLC.

Note: the total amaut its been
paid in full, togeather with this
Documents I am sending a copy of
the checks.

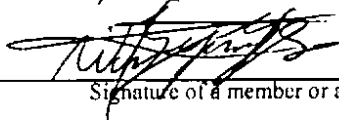
E. Effective date, if other than the date of filing: _____ (optional)

(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 November, 23, 2017.



Signature of a member or authorized representative of a member

Wuinder O Galindo

Typed or printed name of signer

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OF FLORIDA
TALLAHASSEE, FLORIDA