Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000325161 3)))



H170003251613ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC
Account Number : 120170000039
Phone : (407) 301-2659
Fax Number : (407) 846-0320

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W V CARRIER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

### **COVER LETTER**

TO: Registration Sect	ion	• • • •	•
Division of Corpo	orations . l	. , , , ,	
	May Var	ver Life	
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	M	) A	
	Victor L	. KIOS Daut	
		Name of Person	
	WV Can	nier LLC	
	——————————————————————————————————————	Firm/Company	
	127 110	Lach Ct	
	101 10	Address	<del></del>
	. )	Alloress	e)
	<b>K</b> ISSUMI	nee 16.341	<u>*                                     </u>
	boarda	City/State and Zip Code	65.0
	Trenda	o be used for future annual report notifi	CO(Y).
For further information co	neerning this matter, please ca	ll:	-0
brenda	Mas	1407,3012	1059
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
		□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	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 AMESIDMENT TO ARTICLES OF ORGANIZATION OF

WY Carri	er LLC
(Name of the Limited Linbility (A Florida	Company as it now upnears on our records.)  Limited Liability Company)
The Articles of Organization for this Limited Liability Co	empany were filed on 12 6 17 and assigned
This amendment is submitted to amend the following:	na re e de.
A. If amending name, enter the new name of the limit	r LLC
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESSS)
Enter new mailing address, if applicable:	- N - N - N - N - N - N - N - N - N - N
(Muiling address MAY BE A POST OFFICE BOX)	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Induing duaress MHT DEM STORE TO SECTION OF	7"
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Onter Florida street oddress
	, Florida
	•

# 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

AMBR = Authorized Member

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
mbr	Magleny Irizarry	131 Plattish Ct	<del></del>
	<i>,</i>	131 Flatfish Ct KISSUMMER FL 34759	□ Remove
		<u> </u>	Change
			Remove
			Change
			Remove
			Change
			Remove
		·.	□ Change
			Remove
			Change
			🖸 Add
			Remove
			Change

_	
-	
_	
_	
	<u> </u>
	م روز پر زور
	O C
_	7
_	
_	·
_	
_	
-	
l'Modi	ve date if other than the date of filing: 12/14/17 (optional)
(li'an elli	ve date, if other than the date of filing:    12   14   17   (optional)
docum	ent's effective date on the Department of State's records.
	of the parties of the parties of the parties of the parties of
the red	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
,	20.7
Dated	December 14, 2017.
	1 lecture from Prop. Breek
	Signature of a member or authorized representative of a member
	^

Page 3 of 3

Filing Fee: \$25.00