117000252789

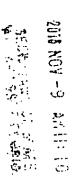
(Re	questor's Name)
———(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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M. MILLIGAN NOV 2 6 2018



October 29, 2018

WITZENBURG ENTERPRISES, LLC CLARENCE G WITZENBURG 202 PEPPERMINT LANE, #3 NAPLES, FL 34112

SUBJECT: WITZENBURG ENTERPRISES, LLC

Ref. Number: L17000252789

We have received your document for WITZENBURG ENTERPRISES, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 218A00022249

Michelle Milligan Senior Section Administrator

67:6 NV 6- AUK B

Witzenburg Enterprises, LLC Mgr. Clarence G. Vitzenburg home 239-512-0655

COVER LETTER

TO:	Registration Section Division of Corporations		, ,	
SUBJI	сст:	Vitzen Name of Limite	ourg Enterprised Liability Company	sas, LLC
The en	closed Articles of Amendment	and fee(s) are subm	itted for filing.	
Please	return all correspondence conce	rning this matter to	the following:	
	202	Pepper.	Name of Person The privite Firm/Company Mint Lane # 3 Address City/State and Zip Code Zen Durg Com be used for futury annual report notif	3
For fur	her information concerning this	matter, please call	: :	
<u>C.</u>	Arence G. W., Name of Person	tzenbu	19 at 239 S72. Area Code Daytime	06 5 5 Telephone Number
Enclose	d is a check for the following a	mount:		
\$25	.00 Filing Fee S30.00 Certifi	Filing Fee & cate 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

(Name of the Limited	Liability Compar V Florida Limited L	With the state of	Zeh bur pears on our reco	rg En Li	erprises,	LLC
The Articles of Organization for this Limited Liab	oility Company	were filed or	12/11	12017	and assigned	
Florida document number <u>L1700025</u>	2789		•		_	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabi	lity compan	<u>y here</u> :			
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company,"	the designation "L	I.C" or the abbrev	riation "L.L.C."	_
Enter new principal offices address, if applicab	ole:				.:9	~
(Principal office address MUST BE A STREET	ADDRESS)			· · · · · · · · · · · · · · · · · · ·	***	- " `,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	ce address here		on our recor	ds, enter the	name of the	.c <u>new</u> -4//2-
- 5. Transition of the Fiduless.		Enter City	Florida street addi	Florida	Lip 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>	Name /	Address	Type of Action
Mgr.	Pamela K Witze	enburg	
0		202 Peppermint for #3 Naples, 12 34/12	Remove
		Naples, FL 34/12	Change
			
			□ Remove
			Change
·			🗆 Add
			Remove
			🗆 Change
			D Add
			□ Remove
			Change
			□ Add
			C Remove
			Change
			□ Add
			Remove
			□ Change

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ote: If the date inse	her than the date of ted, the date must be specif erted in this block does	not meet the applica	able statutory filing re	(optional) than 90 days after filing equirements, this date) t.) Pursuant to 605.020 will not be listed a
cument's effective	date on the Departmen	t of State's records.			
	es a delaved effecti	ive date, but no iled	t an effective tim	e, at 12:01 a.m.	on the earlier o
The 90th day a	fter the record is fi				
The 90th day a	fter the record is fi	- J.J.J)		201 8 3-5
The 90th day a	fter the record is fi		>		2014 NOV

Page 3 of 3

Filing Fee: \$25.00