

L18000020123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

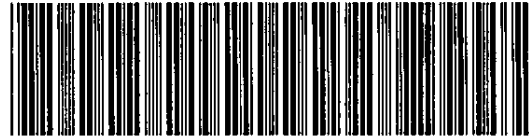
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

O SIMMONS  
APR 12 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2018

DENNIS J PATTERSON  
507 EVERGREEN AVENUE  
WINTER SPRINGS, FL 32708

SUBJECT: WANGAN PERFORMANCE L.L.C.  
Ref. Number: L18000020123

We have received your document for WANGAN PERFORMANCE L.L.C. and your check(s) totaling \$35.00. 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: 018A00005742

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Wangan Performance L.L.C.

DOCUMENT NUMBER: L18000020123

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis J Patterson

Name of Contact Person

Limited Liability Company

Firm/ Company

507 Evergreen Avenue

Address

Winter Springs / Florida 32708

City/ State and Zip Code

Wanganperformancellc@gmail.com

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

For further information concerning this matter, please call:

Dennis J Patterson

Name of Contact Person

at ( 407 ) - 271-1867

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

N/A  
(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 N/A and assigned Florida document number N/A.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A  
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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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: N/A

New Registered Office Address: N/A  
Enter Florida street address

N/A, Florida N/A  
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.*

N/A  
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>                      |
|--------------|------------------|-----------------------|--------------------------------------------|
| AMBR         | Dennis Patterson | 507 evergreen avenue  | <input checked="" type="checkbox"/> Add    |
|              |                  | winter Spring FL      | <input type="checkbox"/> Remove            |
|              |                  | 32708                 | <input type="checkbox"/> Change            |
| AMBR         | Phoebe Wilson    | 240 Pine tree Drive   | <input type="checkbox"/> Add               |
|              |                  | Casselberry FL        | <input type="checkbox"/> Remove            |
|              |                  | 32707                 | <input checked="" type="checkbox"/> Change |
| MGR          | Ryan Johnson     | 6579 meritmoor circle | <input type="checkbox"/> Add               |
|              |                  | orlando FL            | <input checked="" type="checkbox"/> Remove |
|              |                  | 32818                 | <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            |

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

N/A

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TALLAHASSEE, FLORIDA

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

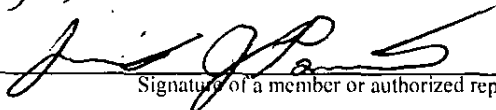
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 April 2, 2018



Signature of a member or authorized representative of a member

Dennis J. Patterson

Typed or printed name of signee