

**L18000120576**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MICHELLE C. BOTTEX  
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KENNETH B. COSTELLO  
NORMAN C. CUMMINS  
HEATH B. NAILOS  
KRISTIN CUMMINS NAILOS  
TRAVIS J. STULZ

May 20, 2019

Registration Sections  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


RE: WPGJETS, LLC

Dear Sir/Madam:

Enclosed please find an Amendment regarding the above referenced corporation and our firm's check in the amount of \$25.00.

If you have any questions, please feel free to contact me.

Very truly yours,

  
Connie Gibson

Paralegal

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WPGJETS, 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:

Amit Varma

Name of Person

WPGJETS, LLC

Firm/Company

1925 Don Wickam Drive

Address

Clermont, FL 34711

City/State and Zip Code

Neeru@floridasportsinjury.com

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

For further information concerning this matter, please call:

Amit Varma

352 404-8956  
at ( )

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

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## 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Neeru Chopra Varma	1925 Don Wickham Dr.	<input checked="" type="checkbox"/> Add
		Clermont, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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 May 20, 2019

Signature of a member or authorized representative of a member

Amr Varna MD  
Typed or printed name of signee