## 11900000 5849

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2019 JAN 24 PM 5: 24

C. GOLDEN Jan 3 0 2019

## **COVER LETTER**

TO:	Registration Se- Division of Cor			
CIID	WOW US	SA LLC		
SUB	JECT:	Name of Limi	ited Liability Company	
The	enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		AGUSTIN NAVARRO		
			Name of Person	
		WOW USA LLC		
			Firm/Company	<del></del>
		9815 W OCKECHOBEE F	RD 211	
			Address	
		HIALEAH,FL,33016		
		-	City/State and Zip Code	<del></del>
		AGUSTIN.NAVARRO.US	~	
		E-mail address: ()	to be used for future annual report notif	ication)
For	further information co	oncerning this matter, please ea	all:	
AG	USTIN NAVARRO		305 850-3692	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Encl	losed is a check for th	ne 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

FILED

2019 JAN 24 PM 5: 24

WOW USA LLC		Sign of the second
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it ngw appears on our records.) hability Company)	TALLAHASSEE, F
The Articles of Organization for this Limited Liability Company	were filed on 01/03/2019	and assigned
Florida document number L19000005849		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I.I.C" or the	ne 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 of registered agent and/or the new registered office address here.  Name of New Registered Agent:		ter the name of the new
Name of New Registered Agent.	<u> </u>	
New Registered Office Address:	New Registered Office Address:  Enter Florida street address , Florida  Zip Code	
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
MGR	MARIANGELICA LEON OLIVO	9815 W OCKECHOBEE RD APT 211	<b>=</b> Add
		HIALEAH,FL,33016	
			☐ Remove
			Change
			□ Add
			Remove
		<del></del>	Change
<del> </del>	<del></del>		
			Remove
			Change
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fan eff <u>Note:</u>	ive date, if other than the date of filing:
	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	JAN 21 2019
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00