## L19000008927

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:

TO: Registration So Division of Con	ection porations		
WILFRED SUBJECT:	INVESTMENTS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILFRED Y SIERRA SO	SA	
		Name of Person	<del></del>
	WILFRED INVESTMENT	rs ll.c	
		Firm/Company	
	816 BARRISTER DR		
		Address	<del></del>
	AUBURNDALE, FL 3382	3	
		City/State and Zip Code	
	WILFREDSREALTOR@O	MAIL.COM to be used for future annual report notification	
For further information c	oncerning this matter, please c		,
WILFRED Y SIERRA S		863 588-8303	
Name of Person		Area Code Daytime Telepl	hone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILFRED INVESTMENTS LLC		7
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	P II
The Articles of Organization for this Limited Liability	y Company were filed on 01-07-2019	and assigned
Florida document number L19000008927		9
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
WILFRED & KRICHELY INVESTMENTS LLC		
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter th</u> <u>e</u> :	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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.

If Changing Registered Agent, Signature of New Registered Agent

	san h	saina ad
or removed from our records:	1011 D	icing au

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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