

(Requestor	s Name)
(Address)	<u>. </u>
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:
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10/07/19--01004--001 **25.00



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>Wa</u>	hoo Partne Name of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	William	Hardy Name of Person	
	102 Pon	derosa Ln.	
	Midway	FL 32343 City/State and Zip Code	<u></u>
	Wohardy b	o be used fortulure annual report notific	cation)
For further information co	ncerning this matter, please ca	ill:	
- William Name of	Husel Person	at (SD) S56	7 & L _J 5 Telephone Number
Enclosed is a check for the	e 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)
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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

Wahoo Tarther	-S LLC	c 1		
(A Florida Limite	pany as it now appears on our recorded Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19 000 2387 68</u>	•	19 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		53 53		
,				
		9 7		
Enter new mailing address, if applicable:		-7		
(Mailing address MAY BE A POST OFFICE BOX)		Z= [
(Manning address MAT BE A POST OFFICE BOA)	 	· ~		
				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addre:	ss		
	, Florida			
	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

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>	Address	Type of Action
AMBR	DAVID L. Plummer	1554 Corolla CT.	🗆 Add
		1554 Corolla CT. Reunion, FL 34747	Ø Remove
			Change
			Add
			Remove
			☐ Change
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Cfoe	ive date, if other than the date of filing:(optional	<u>:</u>	_ _	_
f an cf <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records.	g.) Pursi		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. a 90th day after the record is filed.	on th	ne ear	lier of
Dated	1017 . 2019			
	Signature of a member or authorized representative of a member William Hardy Typed or printed name of signee			
	, O			

Page 3 of 3

Filing Fee: \$25.00