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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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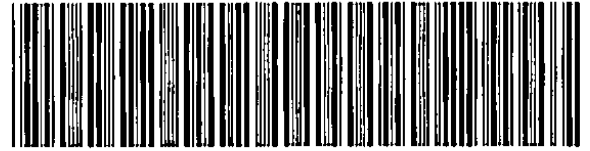
(Business Entity Name)

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AUG 04 2020

2020 JUN 17 PM 12:16

*Amend*



Regina Rabitaille, Esq.  
Direct Line: 407.839.4209  
Direct Facsimile: 407.425.8377  
regina.rabitaille@nelsonmullins.com

ATTORNEYS AND COUNSELORS AT LAW

Bank of America Center  
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Orlando, FL 32801  
T: 407.839.4200 F: 407.425.8377

nelsonmullins.com  
In Florida, known as Nelson Mullins Broad and Cassel

June 1, 2020

**VIA US CERTIFIED MAIL**

Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: **Articles of Amendment to Articles of Organization of  
9807 WC, LLC**

To Whom it May Concern:

Please find enclosed, our check in the amount of \$25.00 covering the cost of the Articles of Amendment to Articles of Organization of 9807 WC, LLC.

Please return the Articles of Amendment to Articles of Incorporation to the undersigned in the enclosed envelope provided.

Sincerely,

NELSON MULLINS BROAD AND CASSEL

  
Regina Rabitaille, Esq.

RER/cp  
Enclosures

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 9807 WC, 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:

Regina Rabitaille, Esq.

\_\_\_\_\_  
Name of Person

Nelson Mullins Riley & Scarborough

\_\_\_\_\_  
Firm/Company

390 N. Orange Ave., Ste. 1400

\_\_\_\_\_  
Address

Orlando, Florida 32801

\_\_\_\_\_  
City/State and Zip Code

regina.rabitaille@nelsonmullins.com

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

For further information concerning this matter, please call:

Regina Rabitaille, Esq.

407

839-4209

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

**AMBR = Authorized Member**

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

[illegible]

**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 605.02(c)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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

6/10/20

*Wagdy Karam*  
Signature of a member of author

Signature of a member or authorized representative of a member

Maggie A. Kennedy, Trustee

Typed or printed name of signee

**Filing Fee: \$25.00**