

L20000001057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/18/20--01015--020 **25.00

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STATE
OF CONNECTICUT
20 APR 13 PM 3:26

Amund

APR 15 2020

D CUSHING

3-16-2020

To whom it may concern,

Enclosed Is Articles of Amendment to
Articles of organization in regards to removing
William Loughlin as an AP + adding him as an AMBR

Contact Info

Day / Cell Phone # 772-985-0362

Address - 5712 Hickory Dr
Fort Pierce, FL 34982

email - inletglass@gmail.com

20 APR 13 PM 3:25

FILED
CLERK OF STATE
OFFICE OF REGISTRATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WI Industries 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:

Ian Loughlin
Name of Person

WI Industries LLC
Firm/Company

5712 Hickory Dr
Address

Fort Pierce FL 34952
City/State and Zip Code

inletglass@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian Loughlin at (772) 985-0362
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

20 APR 13 PM 3:26
DIVISION OF CORPORATIONS
STATE OF FLORIDA



2020 APR 13 PM 4:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2020

IAN LOUGHLIN
W I INDUSTRIES LLC
5712 HICKORY DR
FORT PIERCE, FL 34952

SUBJECT: W I INDUSTRIES LLC
Ref. Number: L20000001057

We have received your document for W I INDUSTRIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not submit the complete application. You are missing page 3 of the actual application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 820A00007194

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

W I Industries LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
20 APR 13 PM 3:22
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12-18-2019 and assigned Florida document number L20000001057.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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

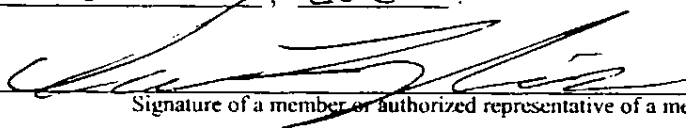
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	William Loughlin	759 Oak St	<input type="checkbox"/> Add
		Port Saint Lucie, Fl	<input checked="" type="checkbox"/> Remove
		34952	<input type="checkbox"/> Change
AMBR	William Loughlin	759 Oak St	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, Fl	<input type="checkbox"/> Remove
		34952	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 605.0207 (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 April 8, 2020.


Signature of a member or authorized representative of a member

Ian Loughlin
Typed or printed name of signee