## L20 000019110

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:(	WM Bookkeaping LLC
Nai	me of Limited Liability Company
The enclosed Articles of Amendment and fee(s	s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
	Name of Person
(	WM Book Keeping UC Firm/Company
1928	West Dr. Apt#609
- North	1 Pay Village, FC 33141
- VSC-mail	address (to be used for future annual report notification)
For further information concerning this matter,	, please call:
JOSE VEGA Name of Person	at (205) A9A -O16O Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\frac{1}{2}\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NW BOOK H	soping L	<u>lC</u>
(Name of the Limited Liability Comp. (A Florida Limited	any as <b>yt now appear:</b> Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200019110</u> .	were filed on	OI/13/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liab	tlity Company," the de	signation "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 agent and/or the new registered office address here:	address on our re	ecords, enter the name of the new registers
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Flori	ida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been waified in writing of this above.	e performance of . provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is

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
MGR	JOSE Vega	7928 West Dr. Apt. 609	_ XAdd
	V	1928 West Dr. Apt. 609 North Bay Village, FC 3314	H □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			_ 🗆 Add
			□Remove
			_ □Change
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			_ □Change

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fective in effecti	date, if other than	the date of filing must be specific an	ng: nd cannot be prio	r to date of filing o	more than 90 days	optional) after filing.) Pursuan	t to 605.0207
	he date inserted in the seffective date on the				ling requirements	, this date will not	be listed as
record sp is filed.	ecifies a delayed ef	fective date, but no	ot an effective t	ime, at 12:01 a.r	n on the earlier o	f: (b) The 90th d	ay after the
ited	Februar	ry 5	3020	<u>)                                    </u>			
		V A	Lun	ALUX.			
		Signature of	member or auti	orized representat	ve of a member	<del></del> -	
			. (	, -			

Filing Fee: \$25.00