L20000049196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2022 JAN 26 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2022 JAN 26 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2022

WILLIAM G WAGNER
8065 BRIDGEPORT BAY CIRCLE
MT. DORA, FL 32757 US

SUBJECT: OH! THE SIGHTS YOU'LL SEE TRAVEL AND TOURS LLC
Ref. Number: L20000048186

We have received your document and check(s) totaling $60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 422A00000682

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: OH! THE SIGHTS (YOU'LL SEE TRAVEL AND TOURS, 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:

WILLIAM G. WASNER
Name of Person

OH! THE SIGHTS YOU'LL SEE TRAVEL AND TOURS, LLC
Firm/Company

8065 BRIDGEPORT BAY CIRCLE
Address

MT. DORA, FL 32757
City/State and Zip Code

bill.otsyst@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM G. WASNER at (703) 915-6809
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

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

FILED
2022 JAN 26 PM 12:07

OH! THE SIGHTS YOU'LL SEE TRAILER AND TOURS, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 14, 2020 and assigned Florida document number L20000048186.

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:** N/A
***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:** N/A
***(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: N/A

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.*

N/A
**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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| AMBR | SUSAN A. WOERNER | 3065 BRIDGEPORT BAY CIRCLE | ☐Add |
| | | MT. DORA, FL 32757 | ☑Remove |
| | | | ☐Change |
| | | | ☐Add |
| | | | ☐Remove |
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| | | | ☐Remove |
| | | | ☐Change |

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

N/A

E. **Effective date, if other than the date of filing:** DECEMBER 31 2021 **(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 January 22, 2022.

William G. Wagner

Signature of a member or authorized representative of a member

(WILLIAM G. WAGNER

Typed or printed name of signee

ORIGINALLY SUBMITTED PRIOR TO 12/31/21 EFFECTIVE DATE.

**Filing Fee: $25.00**