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(Re	questor's Name)	
(Ada	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corporations
SUBJECT: Wyman and Sans Regiters 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:
Jeff Richardson Name of Person
Wyanga and Sens Realters LLC Firm/Company
1401 Mondee Ave, West Bredenten Financial Center Site 300 Address
Bridentes FL 34205 City/State and Zip Code
City/State and Zip Code Final address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (817) 300 - 2589 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION

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ARTICLES OF O		and assigned
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		J. 8 W.
Wyman and Sens Rest (Name of the Limited Liability Compa (A Florida Limited L	irs LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	بې
	1 1	6
The Articles of Organization for this Limited Liability Company	were filed on 2/18/20	and assigned
Florida document number <u>L 20 000 5 4406</u> .		
This are a local is a backer to be a few and a		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter your principal offices address if applicables	1401 Mandan Ave	inder t
Enter new principal offices address, if applicable:	O I I F	C I.
(Principal office address MUST BE A STREET ADDRESS)	Brandentin Financial Scite 300 Bradentin, Fl 342	<u>(enk/</u>
	Dute 300	
	Brodentin, FL 342	? O 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Hen Registered office Address.	Enter Florida street address	_
	1712	d o
	, Flori , Flori	da 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 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	Jeff Richardson	1401 Monotee Ave West Bradenton, Financial Center	DZAdd
		Scite 300 Bradenton, FL 34205	□Remove
			□ Change
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cord specil s filed.	fies a delayed	d effective date	e, but not ai	n effective t	ime, at 12:0	1 a.m. on the	earlier of: (t) The 90th o	lay after the
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	<u></u>	Signa	ature of a me	niber or auth	orized repres	entative of a m	ember		
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