

L200000 54446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

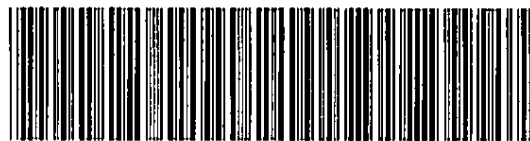
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 AUG 11 PM 5:50  
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SEP 29 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WAVIDAZIESSENTIALS 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:

Kodazia Wilson  
Name of Person

waridazieessentials llc  
Firm/Company

810 Summer Glen Dr  
Address

Winter Haven, FL 33880  
City/State and Zip Code

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

For further information concerning this matter, please call:

Chandra Wilson at (863) 812-3838  
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

Phone# : (407) 637-6513  
Return Address: 810 Summer Glen Dr  
Winter Haven, FL 33880

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and assigned

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

Florida document number 12000005446

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

**Enter new principal offices address, if applicable:**

810 Summer Glen Dr  
Winter Haven, FL 33880

**(Mailing address MAY BE A POST OFFICE BOX)**

810 Summer Glen Dr  
Winter Haven, FL 33880

Name of New Registered Agent:

Kodaria Wilson

New Registered Office Address:

810 Summer Glen Dr

Enter Florida street address

## Winter Haven

Florida 33880

City:

Zip Code

*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**

Title	Name	Address	Type of Action
MGR	Kedazia Wilson	810 Summer Glen Dr	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chandra Wilson	810 Summer Glen Dr	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Employer Identification Number:  
84-4877790  
84-4877790

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 July 23, 2020.

Kodaria Wilson

Signature of a member or authorized representative of a member

Kodaria Wilson

Typed or printed name of signee