

L20000105267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

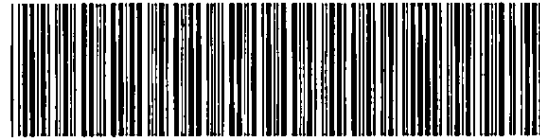
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 DEC 11 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
DEC 16 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2020

WISLEY DORELIEN
336 STERLING AVE
DELRAY BEACH, FL 33444

SUBJECT: HANDY ON DUTY LLC
Ref. Number: L20000150267

We have received your document for HANDY ON DUTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 220A00023045

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wise Commerce Counsel
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:

Wisley Dorelien
Name of Person

Firm/Company

336 Sterling Ave
Address

Delray Beach FL 33444
City/State and Zip Code

wesdorelien@gmail.com/wisecommerceresults@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wisley Dorelien at (561) 860-7446
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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Wise Commerce Counsel LLC

(Name of the Limited Liability Company as it now appears on our records) STATE
(A Florida Limited Liability Company) ALLAHOUSSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/16/2020 and assigned
Florida document number L20000105267.

This amendment is submitted to amend the following:

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

Wise Commerce Results LLC

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)

1515 SW 22nd Terr.
Deerfield Beach, FL 33442

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

MGR = Manager
AMBR = Authorized Member

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TALLAHASSEE, FL

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

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TALLAHASSEE, FL

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 December 7 2020

Wisley Dorelien

Signature of a member or authorized representative of a member

Wisley Dorelien

Typed or printed name of signer