

120000108606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

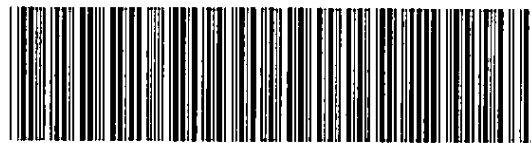
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Received  
by email 2/9/22

Cannot have 2 RA

Office Use Only



700379124447

01/11/22--01/11/22--01/11/22 \*\*25.00

A. BUTLER  
FEB 11 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wild Wealth Dreams 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:

Michelle Kolin  
Name of Person

Wild Wealth Dreams  
Firm/Company

10681 Gulf Blvd Suite 216  
Address

Treasure Island FL 33206  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michelle Kolin at 917 742-7671  
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**

havish Lab by Cassie 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 4/21/2020 and assigned Florida document number L20000108606

This amendment is submitted to amend the following:

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

WDA Wealth Dreams 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)

15681 Gulf Blvd  
Treasure Island Suite  
216, FL 33706

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

607 White Flower Way  
Bronxville FL, 34604

**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:


Michelle Kolin

New Registered Office Address:

15681 Gulf Blvd Suite 216  
Enter Florida street address  
Treasure Island, Florida 33706  
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

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>     | <u>Address</u>                               | <u>Type of Action</u>  |
|--------------|-----------------|--|--|
| MGR          | Michelle Volin  | 607 White Flower<br>Way Brooksville FL 34604 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove   |
| MGR          | Cassandra Jones | 607 White Flower<br>Way Brooksville FL 34604 | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |

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

[illegible]

E. Effective date, if other than the date of filing: 2/01/20 (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

Feb. 8<sup>th</sup> 2022

Signature of a member or authorized representative of a member

Michelle Holm

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2022

MICHELLE KOLIN / CASSANDRA JONES  
10681 GULT BLVD  
SUITE 216  
TREASURE ISLAND, FL 33706

SUBJECT: LAVISH LAB BY CASSIE J LLC  
Ref. Number: L20000108606

We have received your document for LAVISH LAB BY CASSIE J LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CANNOT HAVE TWO REGISTERED AGENTS.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 622A00001458