

L20000119205

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2020 JUL 15 PM 6:23

FILED

AUG 27 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

WYLDONES, L. L. C

SUBJECT: _____
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:

CESARIO DEJESUS

Name of Person

WYLDONES, L. L. C

Firm/Company

741 PARK AVE APT 227

Address

ORANGE PARK, 32073

City/State and Zip Code

WYLDONESLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESARIO DEJESUS

786

858-2513

at (_____) _____

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

WYLDONES, L.L.C.

(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 May 04, 2020 and assigned;
Florida document number L20000119205

2020 JUN 16 PM 6:23

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

JULITA DEJESUS

New Registered Office Address:

741 PARK AVE APT 227

Enter Florida street address

ORANGE PARK

City

, Florida 32073

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>
AMBR	JULITA DEJESUS	741 PARK AVE APT 227 ORANGE PARK, FL, 32073	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JULITA DEJESUS	741 PARK AVE APT 227 ORANGE PARK, FL, 32073	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CESARIO DEJESUS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CESARIO DEJESUS	741 PARK AVE APT 227 ORANGE PARK, FL, 32073	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERNESTO DENIS	18000 NW 42ND PL MIAMI GARDENS, FL, 33055	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

WE WOULD LIKE TO ASSIGN JULITA DEJESUS NEW TITLE AS (MGR), AS WELL AS REGISTERED AGENT.

WE WOULD LIKE TO ASSIGN CESARIO DEJESUS NEW TITLE AS (AMBR), WITH 60 PERCENT CONTROLLING OWNERSHIP

WE WOULD LIKE TO ADD ERNESTO DENIS AS TITLE (AMBR), WITH 40 PERCENT CONTROLLING OWNERSHIP

WE WOULD LIKE TO ADD EIN # 850921469

WE WOULD LIKE TO ADD (DBA)- DOING BUSINESS AS) GRRILLAFIT)

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 _____

CESARIO DEJESUS

Signature of a member or authorized representative of a member

CESARIO DEJESUS

Typed or printed name of signee