

L21000136829

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.
Account Number : I20090000089
Phone : (904)543-4300
Fax Number : (904)543-4301

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WIDGENT INNOVATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2021 APR 26 AM 8:35

2021 APR 26 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WIDGENT INNOVATIONS, 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:

ELIOT J. SAFER

Name of Person

DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.

Firm/Company

4348 SOUTHPOINT BOULEVARD, SUITE 101

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

ESAER@JAXFIRM.COM

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

For further information concerning this matter, please call:

ELIOT J. SAFER

904 543-4300
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

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	Cindy Kritz	4114 Sunbeam Road, Suite 403	<input type="checkbox"/> Add
		Jacksonville, FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cindy Kritz Wohl	4114 Sunbeam Road, Suite 403	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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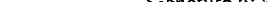
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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RECORDS & COMM. DIV.
TALLAHASSEE, FLORIDA

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 April 26, 2021


Signature of a member or authorized representative of a member

Eliot J. Saifer

Typed or printed name of signee

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