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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
OBT Booki	ceeping, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Caraban D Halan		
	Stephen B Hales		
		Name of Person	
	OBT BO	Eirm/Company	
		Firm/Company	
	99 79th St. S		
		Address	
	St. Petersburg, FL, 33707		
		City/State and Zip Code	
	halessb@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Stephen B Hales		919 250-8053	
Name of Person Area Code Daytime Telephone Number		: Telephone Number	
Enclosed is a check for the	ne 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)
		0	
Mailing Addres Registration 5		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 6327 The Centre of Tallahassee		allahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



September 28, 2022

OBT BOOKKEEPING 99 79TH ST S ST PETERSBURG, FL 33707

SUBJECT: SMALL WAKE ENTERPRISES

Ref. Number: W22000123210

We have received your document for SMALL WAKE ENTERPRISES and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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) 245-6939.

Letter Number: 822A00021622

Stacy Prather Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

=1

OBT Bookkeeping, LLC		D22
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Ciability Company)	OCT I
The Articles of Organization for this Limited Liability Company Florida document number 1.21000336065	were filed on	andassigned
This amendment is submitted to amend the following:		7: 44 08/10 A
A. If amending name, enter the new name of the limited liab	ility company here:	~~
Small Wake Enterprises, Limited Liability Com	pany	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	99 79th St. S	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33707	
Enter new mailing address, if applicable:	99 79th St. S	
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33707	
		<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ume of the new registered
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

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>	Address	Type of Action
			□Add
			□ Remove
		□ Change	
			□Add
			Петоvе
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			Remove
			□Change

D. II amen	ding any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)
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(If an effect <u>Note:</u> If	te date, if other than the date of filing:  (option the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fifthe date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	iling.) Pursuant to 605.0207 (3)(b
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d.	The 90th day after the
Dated _	Tuly 6, 2022.	17 14 M
	Signature of a member or authorized representative of a member  Stephen B. Itales  Tened or printed name of signer	AH 7: 44