h21000491099

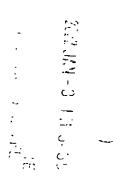
(F	Requestor's Name)	
	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
Title		

Office Use Only



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A. BUTLER

JAN - 4 2022

COVER LETTER

	Division of Cor			
enn me	WJ'S LLC			
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		DAVID LANTER		
			Name of Person	
		LANTER & LEONARDO	, LLC	
			Firm/Company	
		1900 NW CORPORATE E	BLVD. #110W	
			Address	
		BOCA RATON, FL 33431		
			City/State and Zip Code	<u> </u>
		DLANTER@LLDCPA.CO		
			to be used for future annual report not	meanon)
For furthe	er information c	oncerning this matter, please ca	all:	
DAVID I			561 998-7770 at ()	
	Name o) Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
\$ \$25,0	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)
Ī	Mailing Addres Registration S	Section	Street Address: Registration Se Division of Co	
	Division of C P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WJ'S LLC			1-2 JAM -3 1 - 0. 46
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	ir records.
The Articles of Organization for this Limited L Florida document number L21000491099		ny were filed on 11/15/202	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lic	ibility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	EBOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr		e address on our record	s, enter the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	 	Enter Florida stre	vet address
			, Florida
		City	, Florida 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
p	DAVID M. LANTER	3390 BLANCHETTE TR	□Add
		LAKE WORTH, FL33467	≅Remove
			□Change
MGRM	WILLIAM M. CEVALL	3390 BLANCHETTE TR	bbA ⊠
		LAKE WOR TH, FL 33467	□Remove
			□Ađd
			Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Tective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	t does not meet the appl	icable statutory filing	(optional ore than 90 days after filing requirements, this date	g.) Pursuant to 605.0207
cord specifies a delayed effective c is filed.	ate, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
NOVEMBER 22	2021	·		
9-1	1	_		
	moure of a member or au	thorized representative	of a member	
51	gnature of a member of da			

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2021

DAVID LANTER
19000 NW CORPORATE BLVD
#110W
BOCA RATON, FL 33431

SUBJECT: WJ'S LLC

Ref. Number: L21000491099

Correct mailing address should be 1900

We have received your document for WJ'S 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):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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: 021A00029920