

L22000160464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

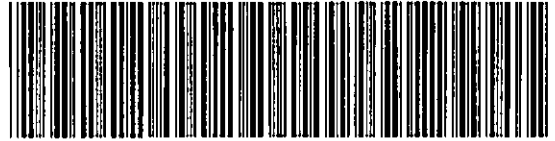
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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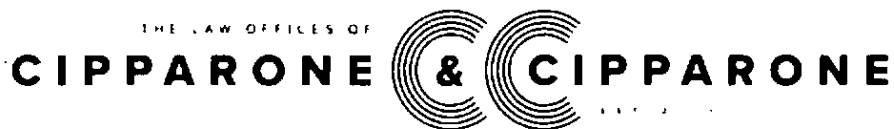
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2022 SEP 19 PM 12:03
OFFICE OF STATE

ED

A handwritten signature in black ink, appearing to be the letters 'R' and 'A' intertwined.



September 13, 2022

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Wow Advisory Services, LLC - Amendment

To Whom It May Concern:

My firm represents Wow Advisory Services, LLC ("the Company"). Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and our check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is changing its name, changing Chad Hunter, an Authorized Member to a Manager, and adding Rachel Mackey as an Authorized Member.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Ryan Cipparone

RC/jmb
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wow Advisory Services, 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:

Ryan Cipparone, Esquire
Name of Person
Cipparone & Cipparone, P.A.
Firm/Company
1525 International Parkway, Suite 1071
Address
Lake Mary, FL 32746
City/State and Zip Code
rcipparone@cipparonepa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Cipparone, Esquire at (321) 275-5914
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**

Wow Advisory Services, 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 April 4, 2022 and assigned Florida document number L22000160464.

This amendment is submitted to amend the following:

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

Wow Anesthesia Services, 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)

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:

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

2022 APR 19 10:28 AM

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	Chad Hunter	100 Woodstream Court	<input type="checkbox"/> Add
		Maitland, FL 32751	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Rachel Mackey	100 Woodstream Court	<input checked="" type="checkbox"/> Add
		Maitland, FL 32751	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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.)

Multiple horizontal lines for text entry.

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 September 9, 2022

Signature of a member or authorized representative of a member

Chad Hunter

Typed or printed name of signee