L22000160464

(Re	questor's Name)	
(Ad	dress)	.
(Ad	dress)	··
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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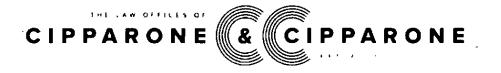


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September 13, 2022

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

Tallahassee, FL 32314

TO:

AUB ELA		sory Services, LLC		
SORIFC	.1:	Name of Lim	ited Liability Company	
Division of Corporations 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 reipparone@cipparonepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ryan Cipparone, Esquire Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Ryan Cipparone, Esquire		
			Name of Person	
		Cipparone & Cipparone, P	.A.	
			Firm/Company	
		1525 International Parkwa	y, Suite 1071	
			Address	
		Lake Mary, FL 32746		
		<u></u>	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For furth	er information o	concerning this matter, please ca	all:	
Ryan Cip	parone, Esquire	2	,	4
	Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed	is a check for the	he following amount:		
		☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status &
	_		-	
	P.O. Box 632			-

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 Liabi (A Flori	bility Company rida Linuted Liab	as it now appears on our pility Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number L22000160464 This amendment is submitted to amend the following:	y Company wo			and	assign e d
		_			
A. If amending name, enter the new name of the lin	imited liabilit	y company here:			
Wow Anesthesia Services, LLC			- W C CM LL LL -		<u> </u>
The new name must be distinguishable and contain the words "Li	Limited Liability	Company," the designation	n "LLC" or the abbr	eviation	TL.L.C.
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADE	DRESS)			· · · · · ·	
	-		<u>.</u> .		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	, -				 .
					<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here		dress on our records,	enter the name	of the	new registered
Name of New Registered Agent:				_	
New Registered Office Address:					
		Enter Florida street		7	2022
		City	, Florida	Zip Co	de:
New Registered Agent's Signature, if changing Register	ered Agent:	·			-
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete pe d agent as pro ered office ac	erformance of my dut ovided for in Chapter	ies, and I am fa :605, F.S. Or, <u>i</u> J	miliar. Ithis d	with and ocument is

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>	Name	Address	Type of Action
MGR	Chad Hunter	100 Woodstream Court	□Add
		Maitland, FL 32751	□Remove
			≡ Change
AMBR	Rachel Mackey	100 Woodstream Court	
		Maitland, FL 32751	□Remove
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Add
			□ Remove
			□ Change
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			Change

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Effective date, if other than the date of filing:)5.0207 sted as
ne 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 of is filed.	er the
Dated September 9 2022	
TA A	
Signature of a member or authorized representative of a member	
Chad Hunter	

Filing Fee: \$25.00