

L22000375279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

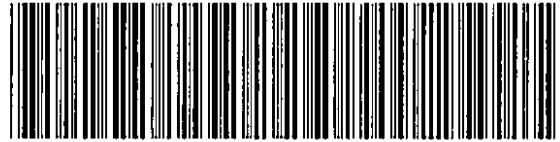
(Document Number)

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 12/27/22

**NAME:** ESTATE WIZARD LLC

**TYPE OF FILING:** AMENDMENT

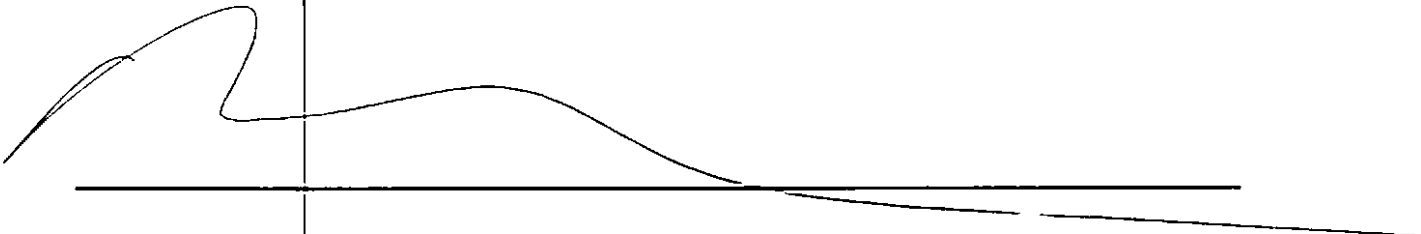
**COST:** 25.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to be 'ABBEY/PAUL HODGE', is written across the bottom of the page. The signature starts with a large, stylized 'A' and extends horizontally across the page, crossing a horizontal line.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESTATE WIZARD 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:

JUDIT L POTTER

Name of Person

Firm/Company

1802 ELEUTHERA POINT H-4

Address

COCONUT CREEK, FL 33066

City/State and Zip Code

CLKTax@AOL.COM

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

For further information concerning this matter, please call:

CARL L KENNEDY

304 552-0206  
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

ED

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[illegible]

08/25/2022

L22000375279

JUDIT LYNN POTTER LLC

1802 ELEUTHERA POINT H-4

COCONUT CREEK, FL 33066

1802 ELEUTHERA POINT H-4

COCONUT CREEK, FL 33066

*Zip Code*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**


**Type of Action**

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

[illegible]

(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)

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.

  
Signature of a member or authorized representative

Typed or printed name of signee

**Filing Fee: \$25.00**