## L22000430420

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	$\neg$
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Office Use Only



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A. RAMSEY NOV 03 2022

## **COVER LETTER**

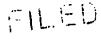
	ision of Cor		•	
CHDIECT.	WC REAL	TY LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter		
r lease retuit	air correspo	indence concerning this matter	to the following.	
		WILFREDO CALO		
		4	Name of Person	
		WC REALTY LLC		
			Firm/Company	
		2921 VINELAND RD SUI	ITE A	
		<del></del>	Address	
		KISSIMMEE FL 34746		
			City/State and Zip Code	
		calo.realtor@gmail.com	to be used for future annual report no	vi(Gootlow)
For further i	nformation c	oncerning this matter, please ea		inication
WILFREDO			863 557-0710	
		f Person	at ( )	ne Telephone Number
Enclosed is a	a check for th	he following amount:		
<b>■</b> \$25.00 I	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)
	iling Addres		Street Address:	ootion
	gistration S vision of C	Section Corporations	Registration Se Division of Co	
	). Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



OF and NOV -3 AM 9

The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/05/2022}{10/05/2022}$ \_\_\_\_\_ and assigned Florida document number L22000430420 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2921 VINELAND RD SUITE A Enter new principal offices address, if applicable: KISSIMMEE FL. 34746 (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 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 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	<u>Address</u>	Type of Action
AR	ROSARIO SANDRA	2330 PLEASANT HILL RD KISSIMMEE FL 34746	, □Add
			<b>=</b> Remove
			□Change
			🖸 Add
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ffecti	ive date, if other than the date of filing:
an eff lote:	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor I is fil	d 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 led.
ated	10/18/2022
	Signature of a member or authorized representative of a member
	WILFREDO CALO MGR
	Typed or printed name of signee

Filing Fee: \$25.00