

# L22000452618

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

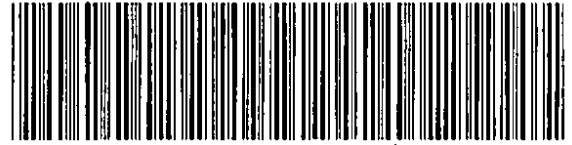
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2023 JUN 27 PM 5:14  
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8/10/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Wilsonick Wash 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:

Ricardo Valdes

Name of Person

Firm/Company

5810 Kids Crossing Dr Unit 202

Address

Lithia, FL, 33547

City/State and Zip Code

ricardovaldesre@gmail.com

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

For further information concerning this matter, please call:

Ricardo Valdes

Name of Person

at (863) 308-4282

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**

Wilson Creek Wash LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 JUN 27 PM 5:14

The Articles of Organization for this Limited Liability Company were filed on 10/20/2022 and assigned  
Florida document number 622000452618.

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."

**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:

Wilson Antonio Mora

New Registered Office Address:

5810 Kids Crossing Dr. Unit 202

*Enter Florida street address*

Lithia

*City*

Florida

33547

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Valdes, Ricardo	5810 Kids Crossing Dr. Unit 202	<input type="checkbox"/> Add
		Lithia, FL, 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mora, Wilson	5810 Kids Crossing Dr.	<input type="checkbox"/> Add
		Unit 202, Lithia, FL, 33547	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Rodriguez-Tellez, Luchys	1051 Cimarron Cir Apt 105	<input checked="" type="checkbox"/> Add
		Aurora, CO, 80011	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

05/31/2023 (optional)

**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.

Dated May 30<sup>th</sup>, 2023

Signature of a member or authorized representative of a member

Types or printed name of signee