

L23 000 033 234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

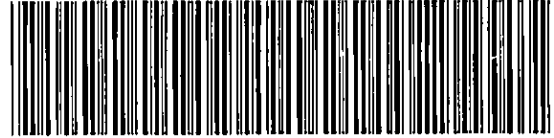
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2023 FEB -9 PM 3:03
FEB 9 2023
FEB 9 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wis ENGINEERING, 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:

WISCONSIN McLACHLAN

Name of Person

Wis ENGINEERING, LLC

Firm/Company

6600 NW 27 AVE

Address

MIAMI, FL. 33147

City/State and Zip Code

WMC3354@GMAIL.COM

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

2023 FEB -9 PM 3:03
RECEIVED
TALLAHASSEE, FL

For further information concerning this matter, please call:

WISCONSIN McLACHLAN at (786) 390 2924

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**

WIS ENGINEERING, 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 1/27/2023 and assigned
Florida document number L23000033234

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:

New Registered Office Address:

Enter Florida street address

City

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 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	WISCONSIN McLACHLAN	6600 NW 27 AVE, FL. 3347	<input checked="" type="checkbox"/> Add
		ASHAN HEZKIAH	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Stamp: 2023 FEB -9 11 30
Stamp: SEVEN MONTHS
Stamp: TALLAHASSEE, FL

2013 FEB -9 PM 3:08
STONELANDS, PA
ALLAHBEE, PL

2013 FEB -9 PM 3:06
SLOAN, JESSICA
ALLAHADSEE, PL

(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.

Dated 2/4/23, _____

~~12/11/20~~

Signature of a member or authorized representative of a member

WISCONSIN McLACHLAN

Typed or printed name of signee

Filing Fee: \$25.00