

L23000033234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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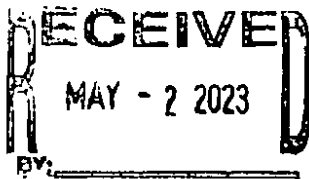
MAIL

(Business Entity Name)

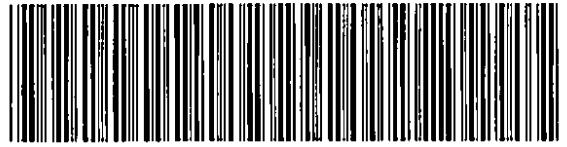
(Document Number)

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2023 JUN 10 AM 8:52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2023

WISCONSIN MCLACHLAN
WIS ENGINEERING, LLC
6600 NW 27 AVE
MIAMI, FL 33147 US

SUBJECT: WIS ENGINEERING, LLC.
Ref. Number: L23000033234

2023 JUN 10 AM 8:52

We have received your document for WIS ENGINEERING, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 123A00014105

RECEIVED
JUL 10 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 MC LACHLAN

Name of Person

WIS ENGINEERING, LLC

Firm/Company

6600 NW 27 AVE

Address

MIAMI, FLORIDA 33147

City/State and Zip Code

WMC3354@GMAIL.COM

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

For further information concerning this matter, please call:

WISCONSIN MC LACHLAN

Name of Person

at (786) 390 2924

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

RECEIVED
MAY - 2 2023

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**

(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 2/9/23 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

_____, Florida _____
City 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

Title	Name	Address	Type of Action
MGR	ASHAN HEZKIATI	6600 NW 27 AVE MIAMI, FL. 33147	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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 4/29/23, _____

~~W. H. E.~~

Signature of a member or authorized representative of a member

WISCONSIN McLAHLAN

Typed or printed name of signee

2023 JUL 10 AM 8:52
LX 211E