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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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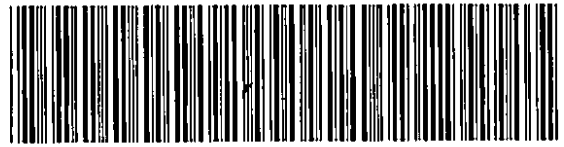
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT

Y. SCOTT

JUL 22 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WFHME 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:

LAURA TOBIA-KITTOW

Name of Person

WFHME LLC

Firm/Company

7901 4TH ST N STE 300

Address

ST PETERSBURG, FL. US 33702

City/State and Zip Code

lauratk@wfhme.us

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

For further information concerning this matter, please call:

LAURA TOBIA-KITTOW

+44

7931372795

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

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TALLAHASSEE, FL

WFINE LLC

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	LAURA TOBIA-KITTOW	8 VICARAGE ROAD, TONY PANDY	<input checked="" type="checkbox"/> Add
		CF40 1HN, UNITED KINGDOM	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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 MAY 19 2023

L. Tabic - Kuttav
Signature of a member of author and censor

Signature of a member or authorized representative of a member

MRS LAURA TOBIA-KITTOW

Typed or printed name of signee

Filing Fee: \$25.00