

L23000138465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

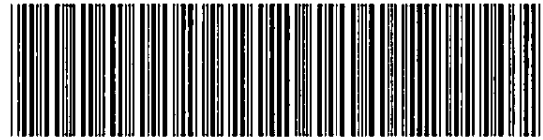
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/12/24--01029--002 **25.00

FILED
2024 JAN 12 PM 12:10
CLERK OF DISTRICT COURT
NEW HAMPSHIRE

A. PARISHANI

APR 10 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wow Factor Construction 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:

Jason Burnett
Name of Person
Wow Factor Construction LLC
Firm Company
75734 Johnson Lake Rd
Address
Yulee, FL 32097
City/State and Zip Code
WowFactorConstruct@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
JAN 12 PM 12:10
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Jason Burnett at (904) 622-8167
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

Wow Factor Construction LLC

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

FILED
2024 JAN 12 PM 12:10
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____.

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

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>
AMBR	Christopher Coady	75734 Johnson Lake Rd	<input type="checkbox"/> Add
		Yulee, FL 32097	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher Rubright	6802 Elwood Ave	<input type="checkbox"/> Add
		Jacksonville, FL 32208	<input checked="" 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

24 JAN 12 PM 12:10
CLERK OF COURT
JACKSONVILLE, FL 32202

FILED

2024 JAN 12 PM 12:10
STATION OF ORIGIN
STATION OF DESTINATION
STATION OF TRANSFER

2024 JAN 12 PM 12:10
U.S. DEPT OF COMMERCE
BOSTON OFFICE

7-438

(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.

Joan B. Smith
Signature of a member or authorized representative of a member

Jason Burnett
Typed or printed name of signee

Filing Fee: \$25.00