# L23000286594

	(Requestor's Name)
	(Address)
* **** **** **** **** **** **** **** ****	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
<u>.</u>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer
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2024 JUN 12 PM 3: 36
FALLAHASSEE, FLORID

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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<b>CORPORATE</b>
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## WALK IN

		PICK UP:	BROOK 6/12	
		CERTIFIED COPY		
	XX	РНОТОСОРУ		
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	XX	FILING	LLC AMEND	
1.		WONTON LANDING LLC		
	•	(CORPORATE NAME AND DOCUMEN	T #)	
2.				
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	•	(CORPORATE NAME AND DOCUMEN	T #)	
6.				
	•	(CORPORATÉ NAME AND DOCUMEN	T #)	

## **COVER LETTER**

	ion Section of Corporations		
SUBJECT:	Wordow L	imited Liability Company	<del></del>
The enclosed Articl	les of Amendment and fee(s) are su	abmitted for filing.	
Please return all con	rrespondence concerning this matte	r to the following:	
		Robert	
		Name of Person	_ <del>_</del> _
		Firm/Company	<del>-</del>
	12339	Address	
	Jackson	City/State and Zip Code	23_
	E-mail address:	(to be used for future annual report notifi	(0)
Jord 1	ion concerning this matter, please of	·	,
Enclosed is a check f	for the following amount:		
□ \$25.00 Filing Fed	e \$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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

### ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF

1.) 201 4	on land.	mc 1/6	-	FILE	
(Name of the Limit	ted Liability Company as (A Florida Limited Liabili	t now appears on our y Company)	records.)	JUN 12 A	M 9: 37
The Articles of Organization for this Limited L	iability Company were	filed on	13/23	AHAGSERY	STATE
Florida document number <u>L. 2.3000</u>	<u> 2365</u> .74				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liability of	ompany here:			
The new name must be distinguishable and contain the w	vords "Limited Liability Co	mpany," the designation	n "LLC" or the abbr	eviation "L.L.C.	"
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)	<del></del>	<del></del>		
	_				
_					
Enter new mailing address, if applicable:		<u> </u>	<del> </del>		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<del></del> -	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office :	address on our re	cords, enter th	ie name of t	the new
Name of New Registered Agent:	PAU	Rolma	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	12330	Enter Florida street	Le LAn- address	و	<del></del>
	Jacks	on 5/14	_, Florida <u> </u>	7:77	

## 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	PAUL ROLIN	12339 Woods, l. LANE JACKSONO. ILE, FL, 3223	<b>2</b> Add
			□ Remove
2 2			🗖 Change
ALL		pila	
		JACKSONO, Me, FI 3222	Remove
		J(10K50/10,14, +13222	□ Change
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. If amending any other information, enter change(s) here: (A	tttach additional sheets, if necessary.)
<del></del>	TAR T
	AHA JUN 12
	9: 37 ORIDE
	<u> </u>
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to dat Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 statutory filing requirements, this date will not be listed as the
he record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated	
Signature of a member or authorized	Tepresentative of a member
Typed or printed name	te of signed