## L24000107895

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

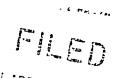
Division of Co			•
WD HAN	NIGAN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	WILLIAM D HANNIGA		
		Name of Person	
	WD HANNIGAN LLC		
		Firm/Company	
	8421 N LAZY TRL		
		Address	
	CRYSTAL RIVER, FL 34		
		City/State and Zip Code	<del> </del>
	WDHANNIGANLLC@YA	AHOO.COM to be used for future annual report notifi	cation)
For further information	concerning this matter, please c		
LEIMYS LORES		407 375-5433	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a cheek 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro Registration		<u>Street Address:</u> Registration Sect	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WD HANNIGAN 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	y Company were filed on 03/01/2024	and assigned
Florida document number L24000107895		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>e</u> <u>e</u> :	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	nddress
		, FloridaZip Code
	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 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>	Name	Address	Type of Action
AMBR	WILLIAM D HANNIGAN	8421 N LAZY TRL	□Add
		CRYSTAL RIVER, FL 34428	■Remove
		·	□Add
			□Remove
			□Change
			□Add
	·	<del></del>	□Remove
			□Change
			□Add
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			Change
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		<del></del>	□Add
		<del> </del>	□Remove
			□ Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and capte: If the date inserted in this block does not meetument's effective date on the Department of States.	inot be prior to date of fili t the applicable statuto	ing or more than 90 ry filing requiren	(optional) days after filing.) ments, this date w	Pursuant to 605,0207 vill not be listed as
ecord specifies a delayed effective date, but not an is filed.	effective time, at 12:0	l a.m. on the ear	tier of: (b) The	90th day after the
ted	2024			
Will & Hay Signature of a mer				
Signature of a mer	nber or authorized repres	entative of a memb	Der	

Filing Fee: \$25.00