

2400-3500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

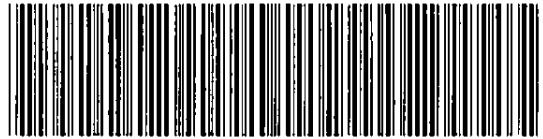
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100435864281

09/01/24--01047--012 **29.00

RECEIVED
CLERK OF STATE
TALLAHASSEE, FL
AUG 30 AM 11:02

A. HUNT

08/03/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilton Wieners 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:

Gary Bouvier
Name of Person

Firm/Company

3031 N Ocean Blvd #903
Address

Ft Lauderdale FL 33308
City/State and Zip Code

GBouvier22@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Bouvier at (954) 707 9035
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**

Wilton Wieners 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 Company were filed on 8/6/2024 and assigned Florida document number L24000352050

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)

1428 NE 4th Ave
Ft Lauderdale FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~1428 NE 4th Ave~~ GB RG
~~Ft Lauderdale FL 33304~~

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:

Wilton Wings LLC

New Registered Office Address:

1428 NE 4th Ave

Enter Florida street address

Ft Lauderdale

City

Florida

Zip Code

STATE OF FLORIDA
CLERK OF STATE
JUL 11 2024
AM 1:00

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.

Russell Govey

If Changing Registered Agent, Signature of New Registered Agent

Russell Govey

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	Russell J Govey	1428 NE 4 th Ave	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
AMN:02
11/11/2011 11:11 AM
TAMPA, FL

2005-03 AM11:02
INVT OF STATE
TALLAHASSEE, FL

2025-03 APR 11:02
INVT OF STATE
TAMPA, FL

(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.

Dated Aug 19 2024

Gary Bouvier

Typed or printed name of signee

Filing Fee: \$25.00