

L70000046141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

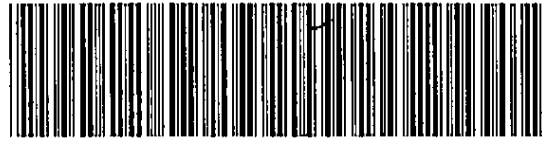
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 FEB 28 AM 11:26

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MAR 26 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OH HOW WONDERFUL 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:

ALICIA PRIDA PRIETO

Name of Person

OH HOW WONDERFUL LLC

Firm/Company

8602 LEIGHTON DRIVE

Address

TAMPA, FL 33614

City/State and Zip Code

ALICEP@SOUTHEASTREALTYMGMT.COM

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

For further information concerning this matter, please call:

ALICIA PRIDA PRIETO

813 244-2194

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OH HOW WONDERFUL 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 February 10, 2020 and assigned Florida document number 1.20000046141.

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)

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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: ALICIA PRIDA PRIETO

New Registered Office Address: 8602 LEIGHTON DRIVE

Enter Florida street address

TAMPA, Florida 33614

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	ALICIA PRIDA PRIETO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		8602 LEIGHTON DRIVE, TAMPA, FL 33614	<input checked="" type="checkbox"/> Change
MGR	ANGEL AUGUSTO PRIETO III		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		8602 LEIGHTON DRIVE, TAMPA, FL 33614	<input checked="" type="checkbox"/> Change
MGR	GREGORY ROLAND BABIN		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		107 S BEVERLY STREET, TAMPA, FL 33609	<input checked="" type="checkbox"/> Change
MGR	MONICA PRIDA BABIN		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		107 S BEVERLY STREET, TAMPA, FL 33609	<input checked="" 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

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 FEBRUARY 25, 2020

Alicia Prida Prieto

Signature of a member or authorized representative of a member

ALICIA PRIDA PRIETO

Typed or printed name of signee

Filing Fee: \$25.00