

L D000001945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

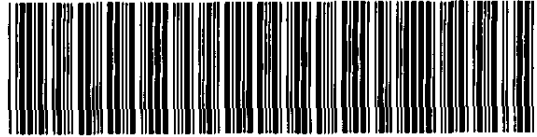
(Document Number)

Certified Copies _____ Certificates of Status _____

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G. MCLEOD
MAY - 2 2012
EXAMINER



800231461548

05/02/12--01001--008 **100.00

RECEIVED
12 MAY - 1 PM 4:22
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 MAY - 1 AM 11:02
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Wingedfoot Management, L.L.C.

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SETH 05/01/12 11:00
Name Date Time

Walk-In _____ Will Pick Up _____

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

Wingedfoot Management, L.L.C.

(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 02/21/2000 and assigned Florida document number L00000001945.

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 end with 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)

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TALLAHASSEE, FLORIDA

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: Schecter Law, P.A.

New Registered Office Address: 100 NE 3rd Avenue, Suite 620

Enter Florida street address

Fort Lauderdale, Florida 33301

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

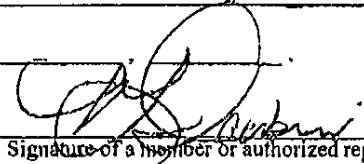
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Edward E. Iacobucci	1730 SOUTH FEDERAL HWY #386 DELRAY BEACH FL 33483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nancy L. Iacobucci	100 NE 3rd Avenue, Suite 620 Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Nancy L. Iacobucci	1730 SOUTH FEDERAL HWY #386 DELRAY BEACH FL 33483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

4/30/12



Signature of a member or authorized representative of a member

Nancy L. Iacobucci
Typed or printed name of signee

State of Florida)
)ss
County of Broward)

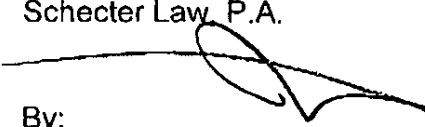
Pursuant to the provisions of Section 608.407(1)(c) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is Wingedfoot Management, L.L.C.

The name of the registered agent for Wingedfoot Management, L.L.C. is Schecter Law, P.A., and the street address where the agent is located is 100 N.E. 3rd Avenue, Suite 620, Fort Lauderdale, Florida 33301.

This statement is to acknowledge that, as indicated above, Wingedfoot Management, L.L.C., has appointed Schecter Law, P.A., as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

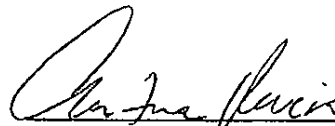
Schecter Law, P.A.

By: 
Mark S. Schecter, President

Dated 5/1/12

The foregoing instrument was acknowledged before me this 1st day of May, 2012 by Mark S. Schecter, as President of Schecter Law, P.A., agent on behalf of Wingedfoot Management, L.L.C.. He is personally known to me or has produced N/A as identification.




Notary Public