

L04000057356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

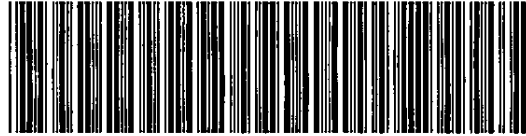
(Business Entity Name)

(Document Number)

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2015 DEC 14 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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N. Cutler DEC 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WSH INVESTMENTS, 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:

MICHAEL HIRSCH
Name of Person

WSH INVESTMENTS
Firm/Company

601 N FLAMINGO RD, SUITE 103
Address

PEMBROKE PINES FL 33028
City/State and Zip Code

DRSQUEED@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL HIRSCH at (954) 432-1485
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
266 I Executive Center Circle
Tallahassee, FL 32301



RECEIVED

15 DEC 14 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2015

MICHAEL HIRSCH
601 N FLAMINGO ROAD
SUITE 103
PEMBROKE PINES, FL 33028

SUBJECT: WSH INVESTMENTS, LLC
Ref. Number: L04000057356

We have received your document for WSH INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 015A00025025

A handwritten signature, possibly "A. Lane", written in black ink.

A handwritten signature, possibly "Joseph Lane", written in black ink and partially obscured by a scribble.

JOSEPH LANE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 DEC 14 PH 2:58

WSH INVESTMENTS, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 July 21, 2004 and assigned Florida document number L04000057356

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WSH INVESTMENTS OF SOUTH FLORIDA, LLC

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)

601 N FLAMINGO RD
SUITE 103
PEMBROKE PINES, FL 33028

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 N FLAMINGO RD
SUITE 103
PEMBROKE PINES, FL 33028

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:

MICHAEL HIRSCH

New Registered Office Address:

601 N FLAMINGO RD, SUITE 103

Enter Florida street address

PEMBROKE PINES, Florida 33028

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>
MGR	IRWIN STEINBERG	10796 PINES BLVD	<input type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Change
MGR	MELISSA STEINBERG	10796 PINES BLVD	<input type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		PEMBROKE PINES FL 33026	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

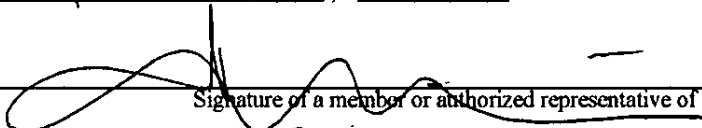
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 SEPT. 9, 2015


Signature of a member or authorized representative of a member

IRWIN STEINBERG
Typed or printed name of signee