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J. SAULSBERRY EXAMINER

DEC 19 2012

COVER LETTER

CUDICCT	Wulp, LLC.		
SUBJECT:	Name of Limited Liability Company	_	
The enclosed Article	s of Amendment and fee(s) are submitted for filing.		
Please return all corr	respondence concerning this matter to the following:		
	Marilyn Brookes	_	
	Name of Person		
	Wulp, LLC		
	Firm/Company		
	1401 Brickell Ave. Suite 320		
	Address	_	
	Miami, Fl. 33131	2012 DEC 17 SECRETÁRY TALLAHASSE	
	City/State and Zip Code		77
	hans.baumberger@yahoo.com) I J	
	E-mail address: (to be used for future annual report notification)		11
For further informati	on concerning this matter, please call:	FLC ST	
Marilyn B	rookes 305,365-3673	DEC 17 AM 8 50 RETARY OF STATE AHASSEE. FLORIO	
Na	me of Person Area Code & Daytime Telephone Num	iber	

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wulp, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our rec mited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 03/06/2006	and assigned
Florida document number L06000023993		
	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
	• • •	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS)	7812
		発見し
•		SS II
Enter new mailing address, if applicable:		Fig. R III
(Mailing address MAY BE A POST OFFICE BOX)		FEST OF
		ORIE 50
		7
B. If amending the registered agent and/or register		s, enter the name of the new
registered agent and/or the new registered office addre	ess here:	
•		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
•	Enter Florida	street address
	, F	lorida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Altirriba, Rosa	P.O. Box 1373	Add
		Key Biscayne, Fl. 3314	9 Remove
MGR	Baumberger, Hans	P.O. Box 1373	🕢 Add
		Key Biscayne, Fl. 3314	9 Remove
			Add
			Remove
		ALLAHASSE	
			Add
			Add
			Remove
			Add
			Remove

D. If amend	ling,any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)
-		
_		
Dated Dec	cember 13	. 2012
		201
	Signature of	a member or authorized representative of a member
	Hans Baumberger	V
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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