# 409000050750

(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:

A. LUNT

AUG 29 2011

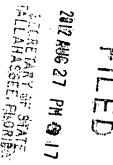
**EXAMINER** 

Office Use Only



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### **COVER LETTER**

TO:	Registration Section Division of Corporat		,		
SUBJ	ECT: Wois	SS Properti	ted Liability Company		
The en	nclosed Articles of Amen	dment and fce(s) are sub	omitted for filing.		
Please	return all correspondence	e concerning this matter	to the following:		
		Ge	Name of Person	TO TAKE	THE 27 PH
	<del></del>		Firm/Company		T PRO T
		9273 9	Collins Ave, Apt.	209	<u></u>
		Sufs	City/State and Zip Code		
		miani	City/state and Zip Code  LUCISS 1 @ 001.  to be used for future annual report notific	com.	
For fu	rther information concer	•	•	,	
(-	Name of Person	-SS no	at (305) 467 - S Area Code & Daytime	Telephone Number	
Enclos	sed is a check for the foll	owing amount:			
<b>\$2</b> :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10 States 10 State	atus &

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Woise Proper			
. ( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on ou uited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Com Florida document number 109 50750.	npany were filed on 5-26-	-09	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the	e designation "LLC	" or the abbreviatio
Enter new principal offices address, if applicable:		Fin	28
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<del></del>
		75	27
F-4		er -<	3 M
Enter new mailing address, if applicable:		22	
(Mailing address MAY BE A POST OFFICE BOX)		100 mg	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, <u>enter the</u>	name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
	City	•	sip cour

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 **Title Address** Type of Action <u>Name</u> 1890 S. Ocean Or. \*1002E 2230 KIDDOWN Remove Remove Add Remove MGR GeoRGE Weiss MGR 100 DAVID WEISS Remove FZ 33196 M14M. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DOLE: ERECE WELL and David WELLS seems should reflect AUDIVIDIAI readt ni . and George weeks the trustet, AS TRUSTEE and REMOVED 2012. Dated AUSUST Ignature of a member or authorized representative of a member Geogle zzigw biwoc Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00