

L1000000000876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

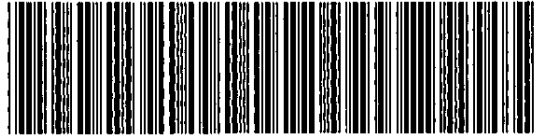
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



800169040318

06/11/10--01027--007 **100.00

FILED
10 JUN 11 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 14 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASTOR+POLLUXX 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:

AYSHE KADIR
Name of Person
TRAIN GROW PROFIT LTD
Firm/Company
19946 RIVERSIDE DR
Address
JUPITER, FL 33469
City/State and Zip Code
INFO@TRAINGROWPROFIT.COM
E-mail address: (to be used for future annual report notification)

10 JUN 11 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

AYSHE KADIR at (**561**) **427 7246**
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
2661 Executive Center Circle
Tallahassee, FL 32301

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

CASTOR+POLLUXX 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 01/05/2010 and assigned Florida document number L10000000876.

This amendment is submitted to amend the following:

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

THE WINGFIELD CONNECTION LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
10 JUN 11 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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 | HEATHER GOODMAN | 19946 RIVERSIDE DR JUPITER, FL 33469 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | BRETT GOSSAGE | 19946 RIVERSIDE DR JUPITER, FL 33469 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | JACQUELINE MARY HARRIS | 19946 RIVERSIDE DR JUPITER, FL 33469 | <input checked="" type="checkbox"/> Add <input 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.)

10 JUN 11 PM 12:28
 FILED
 SECRETARY OF STATE
 PALM BEACH COUNTY, FLORIDA

Dated 1 JUNE, 2010

A. Kadir AUTHORIZED REPRESENTATIVE
Signature of a member or authorized representative of a member

AYSHE KADIR
Typed or printed name of signee