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COVER LETTER

TO: ' Registration Section

Division of Corporations					
SUBJECT:	129 W	CS OC, LLC			
<u></u>	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		FRANK HAMBY			
		Name of Person			
	129 WCS OC, LLC				
	Firm/Company				
	907 OLD ENGLAND AVENUE				
		Address			
	WII	NTER PARK, FL 32789			
		City/State and Zip Code			
	CASSCE E-mail address: (ELLSHAMBY@GMAIL.COM to be used for future annual report notific	ation)		
For further information	concerning this matter, please of	eall:			
FI	RANK HAMBY	at (407) 6	528-8643		
Name	of Person	Area Code & Daytime			
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)		
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	29 WCS OC, LLC		-10ST -
(<u>Name of the Limited Lial</u> (A Floi	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number	· · ·	3/17/2010	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office Name of New Registered Agent:		our records, <u>enter the</u>	e name of the new
New Registered Office Address:	En	ter Florida street addre	AN I
_	City	, 11011044	Zip Gode
New Registered Agent's Signature, if changing Regis	stered Agent:		9 ti - E-

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 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>	Address	Type of Action
MGRM	SEAN HAYES	3965 DANDELION COVE OVIEDO, EL 32766	✓ Add Remove
MGRM_	BARRY MILLER	1005 VINTNER BLVD. PALM BEACH GARDENS, FL 33410	✓ Add Remove
MGRM	GEORGE F. MALTEZOS	28345 COLUMBIA RD. TAVARES, FL 32778	☑ Add Remove
MGRM_	JOHN D. SANFELIPPO	28529 ATLANTIS RD. TAVARES, FL 32778	√ Add Remove
			□Add □Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
			
Dated	AUGUST 27 , 201	Lll	
_	Dennis	r authorized representative of a member Solution Solution Solution r printed name of signee Page 2 of 2 Cold From	29 Wes oc
	i y pod Oi	Page 2 of 2 and From	ih Homby

Filing Fee: \$25.00