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JUN 1 0 2015 T. HAMPTON

COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: 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:
GREGORY D VIELDING Name of Person
WLG MACHINE LLC Firm/Company
277 POWER COURT
SANFORD FLORIDA 32771
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
CREGORY (IELDING at (407) 321-9471 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status Sta

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

WLG MACHINE	LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{4/3/10}{}$ and assigned
Florida document number <u>L 10000 39 6 18</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	APA 0
	SEE. F.S.
Enter new mailing address, if applicable:	OF THE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, <u>enter the name of the new</u>
N C	
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 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

MCR = Manager AMBR = Authorized Member Title Name Address Type of Action DER MAYNY MASON 277 ROWER (COST SUTE) Add SALVERS TO FL. 37771 BEREMOVE COMENTO S SALVERS 277 ROWER (COST SUTE) Add SALVERS TO FL. 37771 RECONOVE COMENTO S SALVERS 277 ROWER (COST SUTE) Add SALVERS TO FL. 37771 RECONOVE COMMENT TO SALVERS TO F		g Authorized Person(s) authorized to mand from our records:	age, enter the title, name, and address of each p	erson being added
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