

L10000089410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

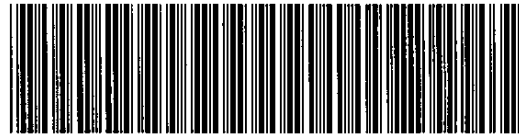
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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J. SAULSBERRY
EXAMINER

NOV 2 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WAITLEY PTBC, 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:

DAVID W. PHILLIPS
Name of Person
INTERNATIONAL ADMINISTRATIVE SERVICES, INC.
Firm/Company
230 CROWN OAK CENTRE DRIVE
Address
LONGWOOD, FLORIDA 32750
City/State and Zip Code
COACHIAS@AOL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

DAVID W. PHILLIPS at (407) 332-7754X101
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

WAITLEY PTBC, 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 08/25/2010 and assigned
Florida document number L10000089410

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This amendment is submitted to amend the following:

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

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: 230 CROWN OAK CENTRE DRIVE
LONGWOOD, FLORIDA 32750
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 230 CROWN OAK CENTRE DRIVE
LONGWOOD, FLORIDA 32750
(Mailing address MAY BE A POST OFFICE BOX)

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: INTERNATIONAL ADMINISTRATIVE SERVICES, INC.
New Registered Office Address: 230 CROWN OAK CENTRE DRIVE
Enter Florida street address
LONGWOOD, Florida 32750
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. Of, 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.

Wanda Kelly
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	STEVEN MARTEL	541 10 TH STREET NW UNIT 242 ATLANTA, GEORGIA 30318	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WAITLEY ENTERPRISES	1802 N. CARSON ROAD SUITE 212 CARSON CITY, NV 89701	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated 10/26 2010

David W. Phillips

Signature of a member or authorized representative of member

DAVID W. PHILLIPS

Typed or printed name of signee