L12000000902

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



100215939581

01/11/12--01014--011 **25.00

UNIVISION OF CORPORATIONS
TALLEHASSEE, FLORIDA

RECEIVED

B. KOHR

JAN 1 1 2012

EXAMINER

12 JAN II PH 2: 3

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

(Phone #)

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

WDM CApita	tion Name) '	(Document #)
(Corpora	ion Name)	(Document #)
(Corpora	ion Name)	(Document #)
(Corpora	tion Name)	(Document #)
Walk in XP	ick up time	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
ofit	Amendment	
onProfit	Resignation of R.A., Officer	/Director
mited Liability	Change of Registered Agen	t
omestication	Dissolution/Withdrawal	
ther	Merger	
OTHER FILINGS	REGISTRATION/	
nnual Report	QUALIFICATION	
titious Name	Foreign	
me Reservation	Limited Partnership	
	Reinstatement	
	Tradomark	

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAND STORES

WDM CAPITAL L	ISA, LLC	**************************************	
(A Florid	LSA, LLC lity Company as it now appears on our re da Limited Liability Company)	coras.	
The Articles of Organization for this Limited Liability	y Company were filed on <u>01/03/20</u>	and assigned	
Florida document number <u>L12000000902</u>	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
	Enter Florida street address		
	, F	lorida 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>	Name	Address	Type of Action
MGRM	DOM MARKLERSKI	1221 BRICKELL AVENUE SUITE 900 MIAMI, FLORIDA 33131	Add ∡☑ Remove
<u>MGRM</u>	DOM MARKLERSKI WDM	SAME	Add Remove
mgr	WOJCIECH GUDASZEWSKI	SAME	Add Remove
MGR	ADRIAN DZIELNICKI	SAME	X X Add □ Remove
MGR	MARTA GUDASZEWSKA	SAME	
			Add Remove
D. If amer	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
,			
			
Dated	JANUARY 11, 201	or authorized representative of a member	
	Signature of a member TERESA ROMAN	or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00