

L/2000091568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

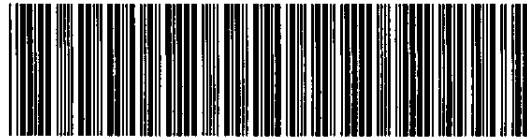
(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wibick, L.L.C.
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:

Terry Colavecchio
Name of Person
Darin Wade Mellinger, P.A.
Firm/Company
1200 N. Federal Hwy, Suite 200
Address
Boca Raton, FL 33432
City/State and Zip Code
TNC@MellingerLaw.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Terry Colavecchio at (561) 210-8570
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**

Wibick, L.L.C.

(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 July 16, 2012 and assigned Florida document number L12000091568.

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:

(Principal office address MUST BE A STREET ADDRESS)

10275 Collins Ave.

Unit 214

Bal Harbour, FL 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10275 Collins Ave

Unit 214

Bal Harbour, FL 33154

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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:

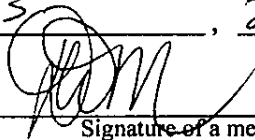
**MGR = Manager
MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Darin Wade Mellinger</u>	<u>1200 N. Federal Hwy</u>	<input type="checkbox"/> Add
		<u>Suite 200</u>	<input checked="" type="checkbox"/> Remove
		<u>Boca Raton, FL 33432</u>	
<u>MGR</u>	<u>Matias Ercolessi</u>	<u>10275 Collins Ave.</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 214</u>	<input type="checkbox"/> Remove
		<u>Bow Harbour, FL 33154</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated January 3, 2013.



Signature of a member or authorized representative of a member

Darin Wade Mellinger

Typed or printed name of signee

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Filing Fee: \$25.00

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