

L12000137149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

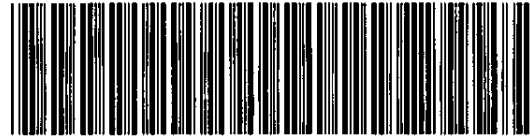
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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N. Guffgan JUN 18 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WUSCHI, 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:

Zalman Mayberg
Name of Person

Florida Park, LLC
Firm/Company

1170 N. Federal Hwy # 303
Address

Fort Lauderdale, FL 33304
City/State and Zip Code

Zmayberg @ Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zalman Mayberg at (788) 543-8825
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

FILED
2014 JUN 16 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WUSCHI, 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 26 Oct 2012 and assigned Florida document number L12000137149.

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)

1170 N. Federal Hwy.

Suite 303

Ft. Lauderdale, FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1170 N. Federal Hwy

Suite 303

Ft. Lauderdale, FL 33304

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:

Zalman Mayberg

New Registered Office Address:

1170 N. Federal Hwy. 303

Enter Florida street address

Ft. Lauderdale

, Florida

33304

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.

Zalman Mayberg
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>MOLLER, MAX</u>	<u>227 NE 23rd AVE</u>	<input type="checkbox"/> Add
		<u>Ft. Lauderdale, FL 33301</u>	<input checked="" type="checkbox"/> Remove

<u>MGRM</u>	<u>Florida Park, LLC</u>	<u>1170 N. Federal Hwy</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 303</u>	<input type="checkbox"/> Remove
		<u>Ft. Lauderdale, FL 33304</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

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/11/2014

Max Muller

Signature of a member or authorized representative of a member

MAX MULLER

Typed or printed name of signer

**Max Muller
227 NE 23rd Ave.
Fort Lauderdale, Florida 33301**

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Filing Fee: \$25.00

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