

210000030178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

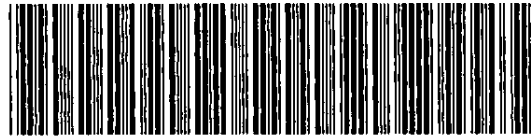
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 07 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WE SERN ATLANTIC CONSTRUCTION LLC
Name of Limited Liability Company

The enclosed Article(s) of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIFFANY WILSON
Name of Person
ESO EQUITY GROUP LLC
Firm/Company
150 COCOA ISLES BLVD STE 202
Address
COCOA BEACH FL 32931
City/State and Zip Code
TWILSON@ESOEQUITYGROUP.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

TIFFANY WILSON at **321 783-5252 EXT 17**
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**

WESTERN ATLANTIC CONSTRUCTION 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 03/18/2010 and assigned
Florida document number L100000301 79.

This amendment is submitted to amend the following:

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

WESTERN ATLANTIC CONSTRUCTION MANAGEMENT LLC

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)

150 COCOA ISLES BLVD STE 202
COCOA BEACH FL 32931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 COCOA ISLES BLVD STE 202
COCOA BEACH FL 32931

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CLERK OF DISTRICT COURT
JAMASSEE COUNTY
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>
MGR	MARIA VIERA	813 N ATLANTIC AVE COCOA BEACH FL 32931	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ESO EQUITY GROUP LLC	150 COCOA ISLES BLVD STE 202 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GO SALES & MARKETING INC	395 CARMINE DRIVE COCOA BEACH FL 32931	<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

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

Dated JULY 25, 2013

OR! TAL

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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