

L000000016278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

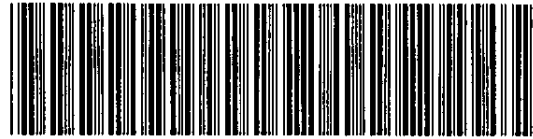
(Business Entity Name)

(Document Number)

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2013 AUG 26 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 27 2013  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CONLEY-WRIGHT OF FLORIDA, 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:

**JAMES E WILLIS, ESQ**

Name of Person

**JAMES E WILLIS, ESQ.**

Firm/Company

**975 6TH AVE S #200**

Address

**NAPLES, FL 34102**

City/State and Zip Code

**JWILLISATTY@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JAMES E WILLIS / ALICIA MICK** at **(239) 435-0094**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CONLEY-WRIGHT OF FLORIDA, 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 12/26/2000 and assigned  
Florida document number L00000016278.

This amendment is submitted to amend the following:

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

**WESLEY OF FLORIDA, 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)

**2137 CANNA COURT**

**NAPLES, FL 34105**

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**C/O JAMES E WILLIS ESQ**

**975 6TH AVE S #200**

**NAPLES FL 34102**

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2003 AUG 26 PM 1:56  
CLERK OF STATE  
TALLAHASSEE, 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: **JAMES E. WILLIS ESQ.**

New Registered Office Address: **975 6TH AVE S #200**

*Enter Florida street address*

**NAPLES**, Florida **34102**

*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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CONLEY-WRIGHT OF FLORIDA, LLC**

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**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

2137 CANNA COURT

NAPLES, FL 34105

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

C/O JAMES E WILLIS ESQ

975 6TH AVE S #200

NAPLES FL 34102

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CLERK OF STATE  
TALLAHASSEE 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: JAMES E. WILLIS ESQ.

New Registered Office Address: 975 6TH AVE S #200

*Enter Florida street address*

NAPLES

*City*

, Florida 34102

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

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*James E Willis*  
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 of 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF STATE  
ALLAHASSET FLORIDA

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

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Dated 8/20, 2013.

(X) Nancy Harley

Signature of a member or authorized representative of a member

Nancy Wesley

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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