# L03000040914

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**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Winghouse of Brandon, 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:
Cynthia Sarsen (Name of Person)
Ken management Services, Lec (Firm/Company)  7491 Ulmenton Rd., Suite B
7491 UIMENTON Rd., Suite B
(City/State and Zip Code)
For further information concerning this matter, please call:
Cynthia Sarsen at (727) 451 - 3552 (Name of Person) at (727) 451 - 3552 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

WINGVIOUSE OF PSYCU	naun LLC	
(Name of the Limited Liability Co (A Florida Lim	nited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Com	npany were filed on 10/24	A 2003 and assigned
Florida document number <u>L03000040914</u> .		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Winghouse XV, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		% × × × × × × × × × × × × × × × × × × ×
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	52.
		HAS 56 P
		SEE. O
Enter new mailing address, if applicable:		구·· 로 O
(Mailing address MAY BE A POST OFFICE BOX)		
		A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flo	orida street address)
	<u>.</u>	, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = M$	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	Crawford Ker	er or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00