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DIVISION OF CORPORATIONS

T. HAMPTON

DEC 2 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WNC Schom Group, 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:	
Clint brown (Name of Person)	
WINC Satur Grove, LLC (Firm/Company)	•
208 West Pine St Ste 100 (Address)	
Hattiesburg, MS 39401 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (64) 325 - 6013 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	:d)
MAILING ADDRESS: Registration Section Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 DEC 24 AMII: 34

(Name of the Limited L	n Group iability Company Torida Limited Lia	vas it now appears	s on our records.)		
The Articles of Organization for this Limited Liab Florida document number	bility Company w	vere filed on 42	32/08 6/2	10 Y and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ity company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Compar	ny," the designation	"LLC" or the abbreviati	- ior
Enter new principal offices address, if applicable:		208 We	st Pine St.	Ste 110	
(Principal office address MUST BE A STREET ADDRESS)		Hattiers	3, MS 394	0)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox)</u>	s'ame as	2 pare		- -
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>enter</u>	the name of the ne	- <u>ew</u>
Name of New Registered Agent:	Cliat	Brown			_
New Registered Office Address:	4654 De	tony Way	<u>-</u> ter Florida street a	uddress)	-
	in.	, Florida _	32511		
		(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)

MGR = Manager MGRM = Managing Member Title Address **Type of Action** Name MERM M. Swith MLAZA Remove ☐ Add 🗂 Remove 🗂 Add Remove ☐ Add □ Remove <u>r</u> Add 🗖 Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/12 SWE Dated Signature of a member or authorized representative of a member Typed or printed name of signee

L'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:

Page 2 of 2

Filing Fee: \$25.00