L04000043597

(Requestor's Name)
(104,100,100,100,100,100,100,100,100,100,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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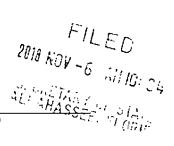
	stration Sec sion of Corp						
SUBJECT:	WWC Group LLC						
SOBJECT.		Name of Limited Liability Company					
The enclosed	Articles of /	amendment and fee(s) are subt	nitted for filing.				
Please return a	all correspor	idence concerning this matter t	to the following:				
		Donna Huneycutt					
			Name of Person				
		WWC Group LLC		•			
			Firm/Company				
5304 CLOUDS PEAK DRIVE							
		-	Address				
		LUTZ, FL 33558					
			City/State and Zip Code				
		contracts@ww-consult.com	to be used for future annual report notif	estion			
For further in	formation co	ncerning this matter, please ca	·	Katony			
Donna Huney	cutt		813 482-3143				
-	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is a	check for the	e following amount:					
□ \$25.00 Fi	ling Fee	S30.00 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



WWC Group 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 06/10/2004	and assigned
Florida document number L04000043597		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Wittenberg Weiner Consulting LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		·····
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	-	ter the name of the new
	Enter Florida street address	
	. Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		FILED 2010 KOV - 6 MI 10: 04	
<u>Title</u>	<u>Name</u>	<u>Address</u>	STANDARD AND CA	Type of Action
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				Remove
				Change
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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.0203
cord specifies a delayed effective date, but not a 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier o
November 5 2018	
	zed representative of a member

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Filing Fee: \$25.00