L05000023517

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SUBJE	CT:				VVo	odfield		_		any				
						Name of 1	Limited l	Liability Co	mpany					
The end	closed	Arti	icles o	f Am	endment a	nd fee(s) are	e submitt	ted for filing	; .					
Please i	return	all c	orresp	onde	ence concei	rning this m	atter to the	he following	; :					
								Lilitan M	ianau					
Hilton Wiener Name of Person														
								Name of 1	cison					
Woodfield Management Company														
Firm/Company .														
	9070 Kimberly Blvd, Ste 27-112													
	Address													
Boca Raton, FL 33434														
City/State and Zip Code hill2020@aol.com														
						E-mail addre	ess: (to be	used for futi	re annual rep	port notifica	ation)			
For furt	ther in	forn	nation	conc	erning this	matter, plea	ase call:							
			F	lilto	n Wiene	r		at (56	3 1 \	7	06-9508	}		
Name of Person						at (Area Code &							
Enclose	ed is a	che	ck for	the f	ollowing a	mount:								
\$25.	.00 Fil	ing	Fee			iling Fee & cate of Stati		Certified	ling Fee & I Copy nal copy is e	enclosed)	Ce Ce	00 Filin ertificate ertified (Iditiona	of State	us & s 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

FILED

2010 NOV 18 PM 4 28

Woodfield (Name of the Limited Liabil (A Florid	Management Comp ity Company as it now appea a Limited Liability Company)	rs on our records.)	ARY U. STATE SSEE FLORIDA				
The Articles of Organization for this Limited Liability Florida document numberL0500023517			and assigned				
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :					
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation				
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET AD)	DRESS)						
		·					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on ddress here:	our records, <u>enter t</u>	he name of the new				
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
	C:t-	, Florida	7: 0 1				
	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> Name 1 <u>Address</u> Type of Action MGR Hilton Wiener 9070 Kimberly Blvd, Ste 27-112 Boca Raton, FL 33434 Remove ☐ Add Remove _□ Add Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Nov. 15 2010 Signature of a member or apportzed representative of a member Hilton Wiener Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00