

Division of Corporations Electronic Filing Cover Sheet

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· To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.

Account Number: 076077002775 : (407)246-B67B Phone Fax Number : (407) 423-7014

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONUNDRUM, LLC

Certificate of Status	0
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Estimated Charge	\$55.00

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu

MAR 25 2010

EXAMINER

Fiorida Dept. of State Electronic Filing Facsimile Audit No. 10000 CLOY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CONUNDRUM, LLC					
(Name of the Limite	d Liability Company as it now apper A Florida Limited Liability Company)	ars on our records.)				
The Articles of Organization for this Limited Liability Company were filed on May 10, 2005 and assigned Florida document number						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liability company be	ere:				
WHWW SIX, LLC						
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if appli	cable:		DIV.			
(Principal office address MUST BE A STREE	ET ADDRESS)		O MAR			
Enter new mailing address, if applicable:			FILED			
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on office address here:	our records, <u>enter (</u>	the name of the new			
Name of New Registered Agent:	WHWW, INC.	·				
New Registered Office Address:	390 N. ORANGE AVENUE, SUITE 1500					
•	Enter Florida street address					
	ORLANDO	, Florida	32801			
	City		Zip Code			
New Registered Agent's Signature, if changing l	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 Register Agent, Signature of New Registered Agent

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MGR = Manager

Florida Dept. of State Electronic Filing
Facsimile Audit No. 11 00000 6644603

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:

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
		·	Add			
			Remove			
	·					
			Remove			
			Add			
			Remove			
	·		Add			
			Remove			
			Add			
			Remove			
,			Add			
			Remove			
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)				
	<u> </u>					
_						
						
	<u> </u>					
Dated						
		Mm Mon Maria				
	1 -	entitionized representative of a member				
	GARY I	V.LIPSON, MANAGER d or printed name of signee	 -			

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Filing Fee: \$25.00