05000053838

(Red	questor's Name)					
(Add	dress)					
(Add	dress)					
(City	//State/Zip/Phone	:#)				
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06/14/05--01055--003 **25.00

22 No. 17 to 12

TRANSMITTAL LETTER

TO: Registrat Division	ion Section of Corporations							
SUBJECT: WE	ELLINGTONACATIONS,LLC							
(Name of Limited Liability Company)								
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.							
Please return all co	orrespondence concerning this matter to the following:							
	Sharon Benson							
	(Name of Person)							
	Hoffmanl,evy, BengLo Co.							
	(Firm/Company)							
2525	N STATE RD. STE 1115 (Address)							
	(Addless)							
	Hallywood,FL33021							
	(City/State and Zip Code)							
For further inform	ation concerning this matter, please call:							
1 of leading macrin	v							
Sharon 1								
	(Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check	for the following amount:							
20 \$25.00 Filing Fe	Certificate of Status Certificate of Status Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)							

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE	ELLINGTON VAC								
		(AFI	Present l) lorida Limited L:	vame) ability Company)					
FIRST:	The Articles of O document number	rganization were L05000053838	filed on 06/01.	· 	and	assigned			
SECOND:	The following liability company		o the Articles	of Organization	was/were	adopted by	the	limited	
Amendment V: Ad	d DavidHouriasa	member							
	David	Houri							
							-	0	
							* *	05 JUE 14	
Dated June	7		2005					الراب الراب المابع	
Dated		*		,		-			Ī
		5	<u></u>					- ž	
			12				<u></u>	рн џ: 12	
	7/1	Signature of a me	mber or author	zed representative	of a member			10	
	JEREMYGOLDE	REDC							
	JEINEW BOLDE		ped or printed n	ame of signee				-	

Filing Fee: \$25.00