## Division of Corporations age\_lof·l.

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001974603)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number : 12000000146 Phone

: (305)444-4994

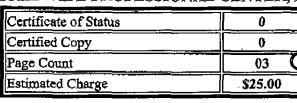
Fax Number

: (305)444-4977

\*\*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 WORLDWIDE PROFESSIONAL CENTER, LLC



**LEWIS** 

AUG - 8 2011

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 AUG -5 AM 9: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

WORLDWIDE PROFES	SIONAL CE	NTER, LLC	<del></del>
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	07/25/2005	and assigned
Florida document number L05000073114	·	•,	
This amendment is submitted to amend the following:	·		
A. If smending name, enter the new name of the limited liabil	ity company he	<u>re</u> ;	
TROPICAL OUTDOORS		<u>'</u>	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
•	~~~		<del></del>
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address here	ice address on	our records, enter th	e name of the new
Name of New Registered Agent:	·		
New Registered Office Address:			
	En	ter Florida street addr	<b>233</b> · · ·
		, Florida	
<b>T T 1. 1. 1. 1. 1. 1. 1. 1.</b>	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

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;

	<u>Name</u>	Address	Type of Action
			Add Remove
			REIIIOVE
•	• .		Add
<del></del>			Remove
			· .
			Add Remove
•	·		Remove
	,		
			Add Remove
	•		<del></del>
	,		[""]D area as an
			Remove
lf amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessor	
If amendi	ng any other information, enter chang		
If amendi	ng any other information, enter chang		
If amendi	ng any other information, enter chang		
If amendi	ng any other information, enter chang		
If amendi	ng any other information, enter chang		SEC 2011
If amendi	ng any other information, enter chang		SECRE
	ng any other information, enter chang		SECRE
			SECRETALIANA

Filing Fee: \$25.00