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(Business Entity Name);					
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SEP 24 2009

EXAMINER



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SECRETARY OF STATE OF CORPORATIONS

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COVER LETTER

	tration Section ion of Corporations
SUBJECT: _	Wellington TALENT GROVE, LLC Hame of Limited Liability Company
The enclosed /	Articles of Amendment and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Name of Person
	Wellington Talen 1 6 mg
	594) Sugarcane W
	City/State and Zip Code holly by was e gangil. com E-mail address (to be used for future and all report notification)
For further info	ormation concerning this matter, please call:
	Name of Person at (561) 704 1921 Area Code & Daytime Telephone Number
Enclosed is a c	heck for the following amount:
□ \$25.00 Filir	Solution from Status St

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

WELINGTON TA	PLENT GROWD, LL	(ONE "L")
(A Florida Limited The Articles of Organization for this Limited Liability Compar Florida document number	pany as it now appears on our records. d Liability Company) ny were filed on	and assigned
This amendment is submitted to amend the following:		(changing
A. If amending name, enter the new name of the limited his	ability company here:	TO TWO L
WELLINGTON TALENT	GROUP LLC	
The new name must be distinguishable and end with the words "Lin"L.L.C."		on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	ere e
(Principal office address MUST BE A STREET ADDRESS)		01
Trucqui office unuress most the A STREET ADDRESS)		
		 ਨੂੰ ਤ
	,	P 2
Enter new mailing address, if applicable:	N/A	3 N表達
(Mailing address MAY BE A POST OFFICE BOX)		## 030 ED
		9.5
		
B. If amending the registered agent and/or registered	office address on our meanle and	om on the name of the name
registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:	/n	
New Registered Office Address:		
	Enter Florida street	address
	. Florida	
	City Frontis	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 a mending 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
		□ n
		Add Remove
		— "
		Add
		Remove
nding any other information.	enter change(s) here: (Attach additional shee	ets, if necessary.)
9/11/09	7	
		mber
	OLLY B JOHNS	
	nding any other information,	Managing Member Name Address Address Inding any other information, enter change(s) here: (Attach additional sheet) Signature of a member or authorized representative of a me

Page 2 of 2

Filing Fee: \$25.00