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08 DEC -8 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WASI, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA SILLERY  
(Name of Person)

WASI, LLC  
(Firm/Company)

3555 NW 79 AVE  
(Address)

DORAL, FLORIDA 33122  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANA SILLERY at ( 305 ) 884-8231  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is 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**

WASI, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/12/05 and assigned Florida document number L05000100400.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

3555 NW 79 AVE

DORAL, FLORIDA 33122

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3555 NW 79 AVE

DORAL, FLORIDA 33122

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ANA SILLERY

New Registered Office Address:

3555 NW 79 AVE

*(Enter Florida street address)*

DORAL

*(City)*

, Florida 33122

*(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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE ADDRESS FOR MANAGER ANA SILLERY TO:

3555 NW 79 AVE

DORAL, FLORIDA 33122

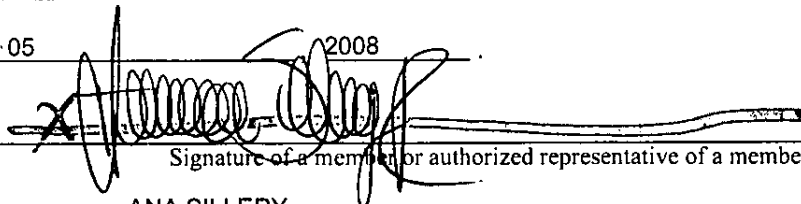
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC -8 PM 12:05

FILED

Dated December, 05

2008



Signature of a member or authorized representative of a member

ANA SILLERY

Typed or printed name of signee