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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILDWOOD OPERATIONS, LLC

Certificate of Status	0
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Page Count	04
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G. MCLEOD

DEC - 1 2010

EXAMINE

## **COVER LETTER**

	strution Section of Corpo				
SUBJECT:	Wildwood Op	erations, LLC			
JOHN LIVE			nited Liability Company)		
The enclosed	Articles of A	mendment and fee(s) are sul	bmitted for filing.		
Please return t	all correspond	ence concerning this matter	to the following:		
		Susan C. Conley			
(Name of Person)					
	FDIC				
(Firm/Company)					
		7777 Baymeadows Way W	eșt .		
			(Address)		
	Jacksonville, Fl. 32256 (City/State and Zip Code)				
For further inf	ormation con	cerning this matter, please o	all:		
Mark E. Male	C		at (904 ) 256 3427		
	(Nurue of E	erson)	(Area Code & Daytime Telephone Number)		
Enclosed is a c	heck for the	following amount:			
□ \$25.00 File	ng Fe <del>s</del>	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐\$60.00 Fiting Pec, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallshassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Talbihassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wildwood Operations, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L05000103103	were filed on 10/19/2005	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LL	.C" or the abbreviation	
Enter new principal offices address, if applicable:	FDIC	<b>6 8</b>	
(Principal office address MUST BE A STREET ADDRESS)	7777 Baymeadows Way West	AF 8	
	Jacksonville, Fl. 32256	ASS 3	
Enter new mailing address, if applicable:	FDIC	NOV 30 AM II: 3  URELIANT OF BIANT AHASSEE. FLORI	
(Mailing address MAY BE A POST OFFICE BOX)	7777 Baymeadows Way West	<u> </u>	
	Jacksonvilla, Fl. 32256		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
Non-Builden d Annah Olman de La de L	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			

(If Changing Registered Agent, Signature of New 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 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>	Name	Address	Type of Action
MGR	Mark E. Malec	FDIC 7777 Baymeadows Way West Jacksonville, Fl. 32256	Add  Rémove
MGRM	Јоѕерћ С. Вату	177 Lonesome Rd Crawfordville, Fl. 32327	Add  TEX Remove
MGRM	David F. Hrvey	111 Harvey Young Farm Crawfordville, Pl. 32327	Add  ## Remove
MGRM	Gerald Thompson	1136 McCook Rd. Oulney, Fl. 32351	□□ Add □ ■ Remove
MGR	Paul M. Earnhart	35 Blue Crab Lune Panacea, Fl. 32346	■□Add ■⊠Remove
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if no	Ad4 Remove
			.,
Dated	11-15-2010 W. Wel	·	
	Signature of a	member or authorized representative of a member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00