L060000009465

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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10 MAY 28 AH 9: 08

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: WP.LL	c #2060000	9465	
Source:	Name of Lim	ited Liability Company	
	mendment and fee(s) are sul	•	
Please return all correspond	dence concerning this matter	r to the following:	
	Wayne Lur	Name of Person	
		Firm/Company	,
	600 4th st	Address 3 2.54/ City/State and Zip Code	
		Address	
	Destin FL	32541	
		City/State and Zip Code	
	Whong @ embar	g mail, co m To be used for future annual report notifical	
			uon)
For further information con	ncerning this matter, please	call:	
Wayne Lung	Person	at (\$50) 837-7// Y Area Code & Daytime T	elephone Number
Name of	. 0.3011	Area code de Dayume 1	ciepione ivunos
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

RECEIVED

10 MAY 28 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2010

WP, LLC WAYNE LUNG 600 FOURTH ST DESTIN, FL 32541

SUBJECT: WP, LLC

Ref. Number: L06000009465

We have received your document for WP, LLC and your check(s) totaling \$660.00. However, the document has not been filed and is being retained in this office for the following:

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 810A00008447

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WP, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Company were filed on $4-6-20$	ol 0 and assigned
Florida document number <u>LOG 0000 9465</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
WP 6X18 LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		3 IVI
(Principal office address MUST BE A STREET ADD	RESS)	₹ <u>5</u> 8
		7 20 27 19 19 19 19 19 19 19 19 19 19 19 19 19
		8 CO
Enter new mailing address, if applicable:		ZORPE DORPE
(Mailing address MAY BE A POST OFFICE BOX)		STA DRA 9:
		STATE ORATIONS 9: 0:0
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida s	street address
	. 171	lorida
	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 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
•	,		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SECRETARY OF CORPORATIONS 10 MAY 28 AM 9: 00
Dated	,		S
	Wayn Theny		
	Signature of a member	r or authorized representative of a member	
	Турес	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00