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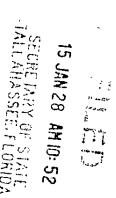
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COVER LETTER

	Registration Se Division of Co			
CILITY TO A	WILPRO) INVESTMENTS, LLC		
SUBJEC	JI:	Name of Limi	ited Liability Company	
The encl	osed Anicles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter t	to the following:	
		JUDITH R. WILLIAM	1S	
			Name of Person	
		WILPRO INVESTME	ENTS, LLC	
			Firm/Company	
		4415C CONSTITUT	ION LANE	
			Address	
		MARIANNA, FL 324	148	
			City/State and Zip Code	
		theupslady@yahoo.c	OM to be used for future annual report notific	****
				cation)
For furth	er information of	concerning this matter, please ca	all:	
JUDIT	H R. WILLIA	NMS	850 526-4877	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILPRO INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/15/2006 and assigned Florida document number L06000017022 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) 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 on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Type of Action <u>Name</u> **Address** MGR **ROGER WILLIAMS** 4415C CONSTITUTION LANE, #303 □ Add MARIANNA, FL 32448 ■ Remove JOSHUA D. MORRIS AMBR 5510 WINDSWEPT TRACE Add 🗎 SUGAR HILL, GA 30518 _□ Remove __ 🗆 Add ☐ Remove ☐ Remove □ Add ☐ Remove

he effective date must be specific, cannot be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) Dated JANUARY 22 , 2015	be more than 90 days after
Ciffective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) Dated JANUARY 22 , 2015 Signature of a member or authorized representative JUDITH R. WILLIAMS	be more than 90 days after

Page 3 of 3

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