L06000060825

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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2000 DEC - 1 AM 7: 42
SECHETARY OF STATE

C. LEWIS
DEC 0 22008
EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: WGC ENTERPRISES, LLC					
		ted Liability Company)			
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.			
Please return all correspond	lence concerning this matter t	to the following:			
	WALTER GARLAND CH	ABOUDE			
	(Name of Person)				
	WGC ENTERPRISES, LL	.C			
	(Firm/Company)				
	5340 OLD KINGS ROAD				
	(Address)				
JACKSONVILLE, FLORIDA 32254					
		(City/State and Zip Code)			
For further information concerning this matter, please call:					
WHITNEY R. LONKER,	ESQUIRE	at (904) 355-8888			
(Name of	Person)	(Area Code & Daytime To	elephone Number)		
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:

TO:

Registration Section

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

FILED

2008 DEC -1 AM 7: 42

SECRETAR'T OF STATE TALLAHASSEE, FLORIDA

WGC	EN.	TERI	PRIS	FS	1.1	\cap
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(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 I	Liability Comp	any were filed on JUI	Y 14, 2006 and assigned	
Florida document number L06000060825	·			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited	liability company he	<u>e</u> :	
N/A			,	
The new name must be distinguishable and end w "L.L.C."	rith the words "l	Limited Liability Comp	any," the designation "LLC" or the abbrev	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>		
		A1/A		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and	l/or registered	l office address on	our records, enter the name of the	
registered agent and/or the new registered				
	N1/A			
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		(Enter Florida street address)		
	N/A		, Florida N/A	
		(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR-1%	Janet Wonorski	158 Sportsman Drive Welaka, Florida 32193	Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
	* · · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	ing any other information, enter chare et Wonorski is to have a 1% share in V	nge(s) here: (Attach additional sheets, if necessa	ary.)
			TALLAHASSEE.
Dated Novem	nber 25 , 2008	3	AM 7: 42
	WHITNEY R. LONKER	Per or authorized representative of a member R, ESQUIRE and or printed name of signee	

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Filing Fee: \$25.00