L070000077952

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
	•	į

Office Use Only



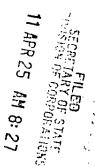
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04/26/11--01001--005 **25.00



B. KOHR
APR 2 6 2011

EXAMINER



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			PA CS
WBH D5, LLC			J.
			•
			Art of Inc. File
			LTD Partnership File
		}	Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
		\	Merger File
		<u> </u>	Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
		J	Certificate of Fictitious Name
			Corp Record Search
		<u> </u>	Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
-			Vehicle Search
			Driving Record
Requested by: SN	04/25/11 p.m.		UCC 1 or 3 File
Name	$ \begin{array}{ccc} & 04/25/11 & \text{p.m.} \\ \hline & \text{Date} & \text{Time} \end{array} $		UCC 11 Search
		1 —	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

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WBH D5, LLC		<u>}</u> .
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		LTD Partnership File
		Foreign Corp. File
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		Vehicle Search
		Driving Record
Requested by: SN	04/25/11 p.m.	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Registration Sec Division of Corp	nosetiona	390
SUBJECT: 4	BH D5, LLC	100
Substitute 1	Name of Limited Liability Company	100
		<
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Michael Falsetto Namo of Porson	
	Name of Person	
	Firm/Company	
	1717 N. Bay shove Dr. # 102	
	Address	
	Micymin FL 33132 City/State and Zip Code	
•	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
المنادة	Person Area Code & Daytime Tolophone Number	
Name of	Person Area Code & Daytime Telephone Number	
:		
Enclosed is a check for the	e following amount:	
∑\$25.00 Filing Fee	Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificat	ed)

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

NS. LLL

11 Mars My O. 25

The Articles of Organization for this Limited Liability	Commons were Alad on A	4-09-2007 and assigned
Plorida document number L07000 37452	Company were filed on	hind manifund
This amendment is submitted to amend the following:	i I	
A. If smending name, enter the new name of the li	mited liability company hor	<u>.</u>
The new name must be distinguishable and end with the w"L.L.C,"	vords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicables		
(Principal office address MUST BE A STREET ADI	ORESS)	
		described to the second state of the second s
Enter now mailing address, if applicables		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
La Control Control		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on o idress here:	ur records, enter the name of the new
Name of New Registered Agent:		
Now Registered Office Address:		La company of the first
the first the second of the se	Enj	er Florida street address
The state of the s	······	Florida
· ·	City	Zip Code

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

LIR H

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

Title	Name	Address	Type of Action		
Mgr	Michael Falsetto	1717 U. Rayshore Dr. #102 Upami, FL 32132	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	_		
		-	- -		
	pril 25 . zoll				
Dated					
	Signature of a member or authorized representative of a member (puls Avertum bould, as special course) Typed or printed name of signee				
	Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00