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EXAMINER



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SEUZETARY OF STATE
TALLAHASSEF FINALE

COVER LETTER

SUBJECT:	WELLINGTON PR	ROPERTY GROUP, LLC	;
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	JE	ERRY E. ARON, ESQ.	
		Name of Person	,
	JI	ERRY E. ARON, P.A.	
		Firm/Company	
	2505 Me	trocentre Boulevard, Ste 301	
		Address	
	WEST	PALM BEACH, FL 33407	
		City/State and Zip Code	
	JAR	ON@ARONLAW.COM to be used for future annual report notifica	21\
		·	tion)
or further information cor	ncerning this matter, please c	all:	
	E. ARON, ESQ.		78-0511
Name of I	Person	Area Code & Daytime T	Telephone 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:

Registration Section
Division of Corporations

TO:

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

WELLINGT	ON PROPE	RTY GROUP,	LLC	
(<u>Name of the Limited I</u> (A F	Liability Company Florida Limited Lia	as it now appears or bility Company)	<u>our records.</u>)	
The Articles of Organization for this Limited Lia Florida document number		vere filed on	6/22/07	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ity company here:		
The new name must be distinguishable and end with L.L.C."	the words "Limite	d Liability Company,	' the designation	"LLC" or the abbreviation
Enter new principal offices address, if applical	ble:			
Principal office address MUST BE A STREET	ADDRESS)			12 SEI
Enter new mailing address, if applicable:				EP 20 PH HASSEE,
Mailing address MAY BE A POST OFFICE BOX)				M 2:42 F STATE FLORID
3. If amending the registered agent and/or registered agent and/or the new registered offi		ce address on our	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	JERRY E. AF	RON, ESQ.		
New Registered Office Address:	2505 Metrocentre Boulevard, Ste 301 Enter Florida street address			
	WEST F	PALM BEACH	, Florida _	33407

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 2/

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	Christopher Ruddy	560 Village Boulevard Suite 120 West Palm Beach, FL 33409	Add ☑ Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
-			_
			-
Dated	September 18, 2013	2 7 Ann	
-	// / J EF	RRY E. ARON printed name of signee	

Page 2 of 2

Filing Fee: \$25.00