

L07000080375

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JUL 21 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Willoughby Group, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Mahmoud Hadid**

Name of Person

**Willoughby Group, LLC**

Firm/Company

**901 SW Martin Downs Blvd.**

Address

**Palm City, FL 34990**

City/State and Zip Code

**eastwest stasha@bellsouth.net**

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**Stasha French**

Name of Person

at ( **772** )

**426-9919**

Area Code & Daytime 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  
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**

**Willoughby Group, 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 08/06/2007 and assigned  
Florida document number L07000080375

The Articles of Organization for this Limited Liability Company were filed on 08/06/2007 and assigned  
Florida document number L07000080375

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)**

901 SW Martin Downs Blvd

Palm City, FL 34990

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

901 SW Martin Downs Blvd

Palm City, FL 34990

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**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:**

**Name of New Registered Agent:**

Mahmoud A. Hadid

**New Registered Office Address:**

2578 SW Manor Hill Drive

*Enter Florida street address*

Palm City

*City*

Florida

34990

*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.*

M.A. Hadid  
**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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	David A. Nehme	19 South Sewalls Point Road Stuart FL 34996	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mahmoud A. Hadid	2578 SW Manor Hill Drive Palm City, FL 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**


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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2011 JUL 20 AM 8:46

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Dated July 19, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Stasha French  
 \_\_\_\_\_  
 Typed or printed name of signee