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SECRETARY OF STATE

M. THOMAS

DEC 17 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Wake Pa	ark Project, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Name of Person	
	w	ake Park Project, LLC	*
		Firm/Company	
	19:	504 East Colonial Drive	TALLAHASSEE, FLORIO, 45
	·	Address	至而
		Orlando, FL 32820	SSE 6
		City/State and Zip Code	
	ppanako E-mail address: (s@thewakeparkproject.com to be used for future annual report notifical	tion)
For further information	concerning this matter, please of		Sire of
	, , , , , , , , , , , , , , , , , , ,		
	trick Panakos		53-4286
Name	of Person	Area Code & Daytime T	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)
	LING LINDS		ADDRESS

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

	Wake Park	Project, LLC				
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limite	10/08/2007	ond assigned				
Florida document number L07000	102473					
This amendment is submitted to amend the	following:					
A. If amending name, enter the new nan	ne of the limited lia	bility company he	<u>re</u> :			
	N	′ A				
The new name must be distinguishable and end "L.L.C."	d with the words "Lir	nited Liability Comp	any," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if ap	plicable:	N/A	, _	产品 3 1		
(Principal office address MUST BE A STI	REET ADDRESS)	*****		三部の一		
				55 6 TT		
				EE.FL BRIE		
Enter new mailing address, if applicable:	.	N/A		건·소 후		
(Mailing address MAY BE A POST OFFI	CE BOX)			5		
		***************************************		*,*		
B. If amending the registered agent a registered agent and/or the new registered	ed office address he	ere:	our records, <u>enter t</u>	the name of the new		
Name of New Registered Agent:	Patrick Pa	nakos				
New Registered Office Address:						
		Er	iter Florida street add	tress		
		Orlando	, Florida	32820		
		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 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>	Address	Type of Action
MGRN	Matthew Hickman	3015 Tradewinds TR Orlando FL 32805	Add 7 Remove
MGRM	Patrick Panakos	19504 East Colonial Drive Orlando FL 32820	Add ☐ Remove
		**************************************	Add Remove
			Remove T
	-		SAAdd O: 45
			Add 5
D. If an	nending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	
	Matthew Hickman is to be con	mpletely removed from the company as he	,
	is no longer an owner. Patrick	Panakos is now owner, managing member and	_
	registered agent.		
			
Dated	December 18th HMM	. 2009 TAMM	
	Signature of	a member or authorized representative of a member	
	·	Matthew Hickman Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00