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SECRETARY OF STATE
AND ANASSEE FLORID.

N. Culligram DEU 2 6 2007

# COVER LETTER,

TO: Registration Section Division of Corporations
SUBJECT: WORD NUESTMENTS & MANAGEMENT, L. L. C. (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:
WETZEL G. WIAS (Name of Person)
(Firm/Company)
277 E. diBERTY STREET
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (BSZ 527-2899 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

(A F	iability Company as it now appears on ou lorida Limited Liability Company)	70.07	
The Articles of Organization for this Limited Liab Florida document number 20700011	oility Company were filed on <u>3157</u> <u>268</u> 7	and assigned	
This amendment is submitted to amend the follow	ring:	O7 O	
A. If amending name, enter the new name of the		EC 24 AHASSI	
The new name must be distinguishable and end with a "L.L.C."		2: 06 STATE FLORIC	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new	
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	(Enter Flo	orida street address)	
	, Florida		
	(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 = N	lanaging Member		•
<u>Title</u>	Name	Address	Type of Action
V. P.	BRIAN K. BIAS	LAGUNA DIGUEL, CA.	Add Remove
		92677	Add Remove
			Add Remove
	<del></del>		Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	DEC 24 PM 2: 01 CRETARY OF STAT LAHASSEE FHORI
Dated	70) == 0 St (		——————————————————————————————————————
	Signature of a member of the state of the st	or authorized representative of a member  r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00