

L08000011990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

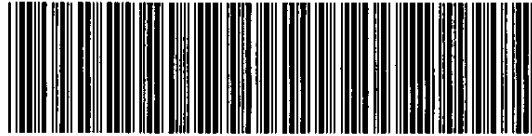
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN 29 PM 2:26

T. HAMPTON  
JUN 30 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WME, 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:

Janet Elozory  
Name of Person

WME, LLC  
Firm/Company

11431 Knights Griffin Rd  
Address

Thonotosassa, FL 33592  
City/State and Zip Code

todd.sam@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Elozory at (813) 892-0854  
Name of Person 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**

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DIVISION OF CORPORATIONS  
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WME, 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 Feb. 4, 2008 and assigned  
Florida document number L08000011990

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)**

11431 Knights Griffin Rd  
Thonotosassa, FL 33592

**Enter new mailing address, if applicable:**

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

11431 Knights Griffin Rd  
Thonotosassa, FL 33592

**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:**

Todd Elozory

**New Registered Office Address:**

11431 Knights Griffin Rd

*Enter Florida street address*

Thonotosassa, Florida 33592

*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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ashleigh Elozory	11431 Knights Griffin Rd Thonotosassa, FL 33592	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Aaron Elozory	11431 Knights Griffin Rd Thonotosassa FL 33592	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Alexander Elozory	11431 Knights Griffin Rd Thonotosassa FL 33592	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Allie Elozory	11431 Knights Griffin Rd Thonotosassa, FL 33592	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mark Warhola	5104 Hanna Ave Tampa, FL 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael Maida	5104 Hanna Ave Tampa, FL 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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

Dated June 26, 2009.

Janet Elozory  
Signature of a member or authorized representative of a member  
Janet Elozory  
Typed or printed name of signee

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