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C. LEWIS JAN 07 2009 **EXAMINER** 

TO: Registration Section **Division of Corporations** 

SUBJECT: WASTRIDGE-BUILDERS & DEVELOPERS OF NORTH CAROLINA, 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:

Priscilla Honson

(Name of Person)

Vestridge Builars + Devel opers of North Chaolina LLC.

(Firm/Company) 5919 DUCKWEED RD (Address) LAKE WOSTH FL 33449
(City/State and Zip Code)

For further information concerning this matter, please call:

at (954) 914 - 8849 (Area Code & Daytime Telephone Number)

Enclosed is a cheek 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)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2008

PRISCILLA HODSON WESTRIDGE BUILDERS & DEVELOPERS OF NC 5919 DUCKWEED RD. LAKE WORTH, FL 33449

SUBJECT: WESTRIDGE BUILDERS & DEVELOPERS OF NORTH CAROLINA,

LLC

Ref. Number: L08000028793

We have received your document for WESTRIDGE BUILDERS & DEVELOPERS OF NORTH CAROLINA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please fill out both pages of the amendment form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

Letter Number: 408A00060181

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 JAN -6 PM 4: 07

BEERE WAY OF STATE ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Carolina, LLC The Articles of Organization for this Limited Liability Company were filed on 3-20-2008 and assigned Florida document number <u>L08000028793</u> 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Enter Florida street address) ,, Florida \_

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 amending the Managers of 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 **Address Type of Action** Title Name ☐ Remove □ Remove ☐ Add ☐ Remove □ Add □ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Hodson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00