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. (Requestor's Name)
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K.SALY EXAMINER FEB - 8 2013

COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT: W.	E. FAMILY OFFICES, LLC. Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	SANTIAGO ULLOA Name of Person W.E. FAMILY OFFICES, LLC Firm/Company	
	W.E. FAMILY OFFICES, LLC Firm/Company	
	701 Brickell Av. Suite 2100	
	Santiafo. Ulloa O we family offices. Con E-mail address: (to be used for future annual report notification)	っ
	oncerning this matter, please call:	
Paul + Name of	Person Area Code & Daytime Telephone Number Paul. Loffman ewefamily offices. com	
Enclosed is a check for th	e following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	13 FEB - FILED
(13 FEB - 7 PM 3: 39
ds.)	

W.E. FAMILY OFFICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited L (A)	Liability Company Florida Limited Lia	as it now appears bility Company)	on our records.)	114 City)
The Articles of Organization for this Limited Lia	bility Company w 29 <i>25 L</i>	vere filed on(06/30/2	Ocand assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here	; :	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Compar	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	2 <u>0X)</u>	701 SUIT MIAN	Brickell E 2100 ni Fc	Aven ve.
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here:		·	
Name of New Registered Agent:			ULLOA	
New Registered Office Address:	70 1		er Florida street aa	
	MI			
	<u></u>	City	, r iorida _	3313 <i>)</i> 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 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>	Type of Action
MGRM	GENSPA	Ling Holdings LLC 303 Peachtree	Street Add
		Suite 3000	Remove
		Atlanta, GA.	30308
Mbrm	WE. FA	MILY OFFICES Hapings 701 BRICKEN	AV. Add
		Sulte 2100	Remove
		MIAMI, FL 3	3313/
			Add
		/	Romove
			/
			Add
			Remove
		/	Add
			Remove
V			
		/	Add
			Remove
	,		
	•	Page 2 of 3	

If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed Miaui	February 44, 2013.
	aull
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00