LU 800003554

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	<u> </u>
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B. KOHR

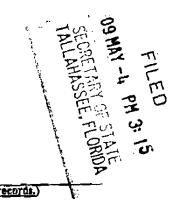
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EXAMINER

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	÷ •			
FILING COVER : ACCT. #FCA-14	SHEET					
CONTACT:	ASHLEY S	<u>MITH</u>				
DATE:	05-04-2009		in the second se			
REF. #:	001646.1038	72	E 4. 92			
CORP. NAME:	WAWW6, I	<u>.LC</u>	PILED PH 3:			
() ARTICLES OF INCO	PRPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION 5			
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME			
() FOREIGN QUALIFIC	CATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY			
() REINSTATEMENT		() MERGER	() WITHDRAWAL			
() CERTIFICATE OF C	CANCELLATION					
OTHER:						
STATE FEES PF	REPAID WI	тн снеск# 530 [62	FOR \$ <u>55.00</u>			
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	D:			
	COST LIMIT: \$					
PLEASE RETUR	RN:					
(XX) CERTIFIED COP		() CERTIFICATE OF GOOD STANI	DING () PLAIN STAMPED COPY			

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as Whow appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AVI 8,7008 and assigned Florida document number LORODO 35547

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 "L.L.C."	with the words "Lin	nited Liability Com	pany," the designation "LLC" or the abbrevi	
Enter new principal offices address, if app			of Park Avenue Mossee, Fil 32301	
(Principal office address MUST BE A STRE	SET ADDRESS)	- famor	108C,FL 32301	
Enter new mailing address, if applicable:			24 POUK ALVENILE	
(Mailing address MAY BE A POST OFFICE BOX)		Tailanasse, fl. 32301		
(Mulling address MAY BE A POST OFFICE	<u>8 BOX)</u>	-tonorw	36, 16, 36,001	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered	l/or registered of	lice address on		
B. If amending the registered agent and	l/or registered of	lice address on	our records, enter the name of the n	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of	tice address on e: yect Agen	our records, enter the name of the n	

New Resistered Agent's Signature, if changing Resistered 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

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

Type of Action <u>Address</u> <u>Title</u> <u>Name</u> MERM Scott W. Romstein MGR VP ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Augmonized Represented Rosenfeld Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00