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B. KOHR
MAY - 4 2009
EXAMINER



CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FI 222-1173	ENUE	merly CCRS)	
FILING COVER ACCT. #FCA-14	SHEET		99 K
CONTACT:	ASHLEY S	<u>MITH</u>	SHAN LA PR 3: 15
DATE:	<u>05-04-2009</u>		From Jan
REF. #:	001646.1038	3 <u>72</u>	A STATE OF THE PARTY OF THE PAR
CORP. NAME:	WAWW7, I	LLC	
() ARTICLES OF INC	ORPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF	CANCELLATION	1	
STATE FEES P	REPAID W	ITH CHECK# <u>53016</u>	FOR \$ <u>55.00</u>
AUTHORIZAT	ION FOR A	CCOUNT IF TO BE DEBITE	ED:
		COST LI	MIT: \$
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(XX) CERTIFIED CO	PY	() CERTIFICATE OF GOOD STAN	NDING () PLAIN STAMPED COPY
() CERTIFICATE C	OF STATUS		

Examiner's Initials

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

WANW:	7.1LC \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
(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 Compan	y were filed on April 11, 2008 and assigned			
Florida document number 108000037054				
This amendment is submitted to amend the following:				
A. If smending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	SIS East Park Avenue			
(Principal office address MUST BE A STREET ADDRESS)	Tallamassee, FL 32301			
Enter new malling address, if applicable:	SIS East Park Augale			
(Mailing address MAY BE A POST OFFICE BOX)	Tallanasse, fl. 32301			
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: OYOD	rect Agents. Inc.			
New Registered Office Address: SISEOUT POYK PUENUS Enter Florida street address				
-Cal 0100000 20001				
TOWAL	City Florids 5230 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, Shepature 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 Title Type of Action <u>Address</u> Name . MGRM Scott W. Romstein Remove MGR Kimberly Rothstein VP Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ______ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00