## 108000045922

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## **COVER LETTER**

TO: Registration Sec Division of Corp SUBJECT:	Desley C	hapeh Commendated Liability Company)	ions, LLC
The enclosed Articles of A	mendment and fec(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Clark Wesley 10901 C ST Per	Name of Person)  (Name of Person)  (Name of Person)  (Name of Person)  (Firm/Company)  Of Porate Ci  (Address)  (Address)  (City/State and Zip Code)	nmores BLC nmores BLC rclesse. FLORIDA rclesse. FLORIDA
For further information co	ncerning this matter, please ca	all:	
Leonor V	ezzett; - to (Person) Clar	at 727 578.  KD FAST (Area Code & Daytime To	-0500 elephone Number)
Enclosed is a check for the	e 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

Name of the Limited Liability Compan (A Florida Limited L	<u>ly as it now appears or</u>	ommons LLC	? <b>-</b>
The Articles of Organization for this Limited Liability Company Florida document number <u>L. O. 8000045922</u>	were filed on <u>5-</u>	<u>7-2008</u> and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi  Wesley Chapel  The new name must be distinguishable and end with the words "Limit "L.L.C."	Comme	"the designation "LLC" or the abbrevia	— ation
Enter new principal offices address, if applicable:	NA	77	_
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	WARY OF STATE	_ _ _
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter the name of the	<u>new</u>
Name of New Registered Agent:			
New Registered Office Address:	(Enter	r Florida street address)	
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	(City) NJA	(Zip Code)	

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 **Title Address Type of Action** <u>Name</u> **□** Add Remove ☐ Add Remove Remove ı**⊓ "**Ağığ Remove U 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

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00