## L08000055208

| (Requestor's Name)      |                    |             |  |  |
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| (Ac                     | ddress)            |             |  |  |
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|                         |                    |             |  |  |
| (Ci                     | ty/State/Zip/Phon  | e #)        |  |  |
|                         |                    |             |  |  |
| PICK-UP                 | WAIT               | MAIL        |  |  |
|                         |                    |             |  |  |
|                         | usiness Entity Nar | ma)         |  |  |
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|                         |                    |             |  |  |
| (Do                     | ocument Number)    |             |  |  |
|                         |                    |             |  |  |
| Certified Copies        | Certificates       | s of Status |  |  |
|                         |                    |             |  |  |
|                         |                    |             |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
|                         |                    |             |  |  |
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Office Use Only



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10 JAN 28 AM II: 37

## **COVER LETTER**

| TO: Registration Section Division of Corporation             |   |  |  |  |  |
|--|---|--|--|--|--|
| SUBJECT: WAS "W  | Name of Limited Liability Company   |  |  |  |  |
| The enclosed Articles of Am                                  | nendment and fee(s) are submitted for filing.   |  |  |  |  |
| Please return all corresponde                                | ence concerning this matter to the following:   |  |  |  |  |
|  | FLOYD C RAYNARD  Name of Person   |  |  |  |  |
|  | WITRACK LLC Firm/Company  |  |  |  |  |
| -  | 1152 ALMONDWOOD DRIVE Address   |  |  |  |  |
| -  | City/State and Zip Code  Yaynardf @ aol-com  E-mail address: (to be used for future annual report notification)   |  |  |  |  |
| For further information concerning this matter, please call: |   |  |  |  |  |
| F-048 RANNAME of Pe  | at (727) 372 - 1973  Area Code & Daytime Telephone Number   |  |  |  |  |
| Enclosed is a check for the fo                               | 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 & Certified Copy (additional copy is enclosed)  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

FILED

|   | 01   | 10 JAN 28 AM 11: 37                             |
|---|--|---|
| WIZZYTHINGY   | للد  | SECTION OF STATE                                |
| (Name of the Limited Liability Com<br>(A Florida Limited  | pany as it now appea<br>d Liability Company) | rs on our records. Date, FLORIDA                |
| The Articles of Organization for this Limited Liability Compa   |  |   |
| Florida document number <u>L08000055208</u> .   |  | •   |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the limited !  | iability company her                         | <u>·e</u> :                                     |
| WITRACK I   | ماد  |   |
| The new name must be distinguishable and end with the words "L" "L.L.C."  | imited Liability Compa                       | any," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   | 1/52   | ALMONDWOOD DRIVE                                |
| (Principal office address MUST BE A STREET ADDRESS  | TRIN   | ITY, FL 34655-7001                              |
| Enter new mailing address, if applicable:   |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>                                  |   |
| <u> </u>  | <del></del>                                  |   |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address l |  | our records, enter the name of the new          |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  | En   | nter Florida street address                     |
|   |  | , Florida                                       |
|   | City   | 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, 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 = Ma<br>MGRM = M | nager<br>Ianaging Member                |  |  |
|----------------------|---|--|--|
| <u>Title</u>         | Name                                    | Address  | Type of Action   |
|                      |   |  | Add Remove   |
| <del></del>          |   |  | Add Remove   |
| <u></u>              |   |  | Add Remove   |
|                      |   |  | AddRemove  |
|                      |   |  | Add<br>Remove  |
|                      |   |  | Add<br>Remove  |
| D. If amend          | ding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessor | ary.)<br>  |
| <del></del>          |   |  | FILED  10 JAN 28 AN II: 37  SELACIJANY DE STATE TALLAHASSEE, FLORIDA |
| Dated                | JANUARY 25, 20                          | n Raymond  | I: 37  |
|                      | Signature of a member                   | or authorized representative of a member           |  |

Page 2 of 2

Filing Fee: \$25.00