## L08000056804

| (Red                                    | questor's Name)   |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Add                                    | dress)            | <del></del> |  |  |
| (City                                   | //State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |
| (Business Entity Name)                  |                   |             |  |  |
| . (Document Number)                     |                   |             |  |  |
| Certified Copies                        | Certificates      | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
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Office Use Only



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B. KOHR
MAY - 4 2009

EXAMINER



| CORPDIRECT AGE<br>515 EAST PARK AV<br>TALLAHASSEE, FL<br>222-1173 | ENUE              | merly CCRS)                  |                             |
|---|-------------------|------------------------------|-----------------------------|
| FILING COVER<br>ACCT. #FCA-14                                     | SHEET             |                              |                             |
| CONTACT:  | ASHLEY S          | <u>MITH</u>                  | SECRETARY OF THE PLET       |
| DATE:   | <u>05-04-2009</u> |                              | SEE 3                       |
| <b>REF. #:</b>  | 001646.103872     |                              | FD PH 3: 15                 |
| CORP. NAME: WAWW15, LLC   |                   |                              |                             |
| ( ) ARTICLES OF INCO  | DRPORATION        | (XX) ARTICLES OF AMENDMENT   | ( ) ARTICLES OF DISSOLUTION |
| ( ) ANNUAL REPORT   |                   | ( ) TRADEMARK/SERVICE MARK   | ( ) FICTITIOUS NAME         |
| ( ) FOREIGN QUALIFI   | CATION            | ( ) LIMITED PARTNERSHIP      | ( ) LIMITED LIABILITY       |
| ( ) REINSTATEMENT   |                   | ( ) MERGER                   | ( ) WITHDRAWAL              |
| ( ) CERTIFICATE OF ( ( ) OTHER:                                   | CANCELLATION      |                              |                             |
| STATE FEES PI   | REPAID WI         | TH CHECK# 530168             | FOR \$ <u>55.00</u>         |
| AUTHORIZATI   | ON FOR A          | CCOUNT IF TO BE DEBITE       | D:                          |
|   |                   | COST LIN                     | MIT: \$                     |
| PLEASE RETUR  | en:               |                              | ,                           |
|   |                   | ( ) CERTIFICATE OF GOOD STAN | DING ( ) PLAIN STAMPED COPY |
| ( ) CERTIFICATE O   | L SIVIOS          |                              |                             |

Examiner's Initials

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | 115/LLC \ 100000000000000000000000000000000000                       |  |  |
|---|--|--|--|
| (Name of the Limited Liability Cor<br>(A Florida Limit  | nospy as fendw appears on our records.)  ed Liability Company)       |  |  |
| The Articles of Organization for this Limited Liability Comparing the Plorida document number LOS 000 56804           | , i Co. 3  |  |  |
| This amendment is submitted to amend the following:   |  |  |  |
| A. If smending name, enter the new name of the limited is   | ability company here:  |  |  |
| The new name must be distinguishable and end with the words "L.L.C."  | lmited 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)   | Tallamssee, Fl 32301   |  |  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                               | 515 Eart Park Avenue<br>Tallahasse, Fl. 32301                        |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he | office address on our records, enter the name of the new             |  |  |
| Namo of New Registered Agent: COYPD   | nvect Agents. Inc.   |  |  |
| New Registered Office Address: 515 E  | SISEOUN POYK AVENUK  Enter Florida street address                    |  |  |
| Tollor  | VSSR, Florida 32301  |  |  |
| low Registered Agent's Signature, if changing Registered Acent  | City 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.

Page 1 of 2

If Changing Registered Agent, Signature of New Resistered 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> Name. Address Type of Action MGRM Scott W. Romstan MGR NP\_ □ Add □ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Authorized Repres ROSENFOLD
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00