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Division of Corporations
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L SELLERS

To: Division of Corporations
Fax Number : (850) 617-6383

FEB 24 2009

EXAMINER

From: Account Name : PADRO AND COMPANY, P.A.
Account Number : I20050000094
Phone : (305) 500-9361
Fax Number : (305) 500-9492

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WHOLSEN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHOLSEN , LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jose F. Padro
(Contact Person)

Padro & Company, P.A.
(Firm/Company)

2520 NW 97 Avenue
(Address)

Miami, FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose F. Padro at (305) 500-9361
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WHOLSEN, LLC

(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 Company were filed on 07-14-2008 and assigned Florida document number 108000067676

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 with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5201 BLUE LAGOON DRIVE

8TH FLOOR

MIAMI, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5201 BLUE LAGOON DRIVE

8TH FLOOR

MIAMI, FL 33126

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:

JOSE F. PADRO

New Registered Office Address:

2520 NW 97 AVE, SUITE 120

(Enter Florida street address)

MIAMI

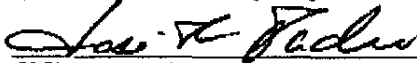
(City)

Florida 33172

(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 = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	H. Albert Bocock	5201 Blue Lagoon Drive 8th floor Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Patricia M. Bocock	5201 Blue Lagoon Drive 8th floor Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated February 20, 2009

Signature of a member or authorized representative of a member

Mauricio Calderon

Typed or printed name of signee

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