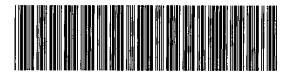
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' (Requestor's Name)				
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SECRETARY OF STATE STATE OF CORPORATIONS OF CO

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J. BRYAN
JAN 2 2 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 31, 2008

HARRY L. DEFFEBACH, III WICKHAM95, LLC 1101 RIVER ROAD MELBOURNE BEACH, FL 32951

SUBJECT: WICKHAM95, LLC Ref. Number: L08000082854

O9 JAN 21 AM 8: 35

We have received your document for WICKHAM95, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 808A00062062

COVER LETTER

Division of Co			
SUBJECT: WI	FCKHAM95 (Name of Limit	TLLC	
School	(Name of Limit	ted Liability Company)	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	0 -	(Name of Person) (HAM 95, 2LC (Firm/Company) VER ROAD (Address) (Address) (E BEACH, FL 35 (City/State and Zip Code)	9 JAN 21 AM 8: 35
For further information	concerning this matter, please ca	all:	
- ARRY (Name	DEFFEBACH of Person)	at (33\) 223-49. (Area Code & Daytime Te	39 Icphone Number)
Enclosed is a check for t	he 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)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WICKHAM95, 21 (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	ORPORATIONS AH 8: 35
The Articles of Organization for this Limited Liability Company Florida document number LOBOOOBAS54		and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:	1101 RIVER RO	OAC .
(Principal office address MUST BE A STREET ADDRESS)	MELBOURNE BEA	7CH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FLORIDA 32951 1101 RIVER ROM MELBOURNE BEAC FLORIDA 3295	H
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street addr	ress)
	, 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 = Manager

MGRM = Managing Member <u>Title</u> **Name Address Type of Action** ROBERT W. MORSE Add Remove ☐ Add Remove Remove ☐ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DEFFEGACH III
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00