

108000083636

Florida Department of State
Division of Corporations
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(((H140001563173)))



H140001563173ABC

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EFFECTIVE DATE
7-1-2014

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

From: Account Name : STEVEN R. KUTNER, P.A.
Account Number : 120010000180
Phone : (407) 644-1104
Fax Number : (407) 629-0090

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: David.wilson@wmgi.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WILSON MANAGEMENT GROUP, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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2014-07-02 15:56

Steven R Kutner PA

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850-617-6381 P 1/5



July 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WILSON MANAGEMENT GROUP, LLC
5071 EDGEWATER DRIVE
ORLANDO, FL 32810

SUBJECT: WILSON MANAGEMENT GROUP, LLC
REF: L08000083636

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 243-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000156317
Letter Number: 714A00014286

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EFFECTIVE DATE
7-1-2014

FILED
2014 JUL -1 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILSON MANAGEMENT GROUP, 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 September 2, 2008 and assigned
Florida document number L08000083636.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

David K. Wilson

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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.

David K. Wilson
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMDR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Phillip W. Wilson</u>	<u>5071 Edgewater Drive</u>	<input type="checkbox"/> Add
		<u>Orlando, Florida 32810</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Judy R. Wilson</u>	<u>5071 Edgewater Drive</u>	<input type="checkbox"/> Add
		<u>Orlando, Florida 32810</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>David K. Wilson</u>	<u>5071 Edgewater Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, Florida 32810</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Stacy L. Wilson</u>	<u>5071 Edgewater Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, Florida 32810</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

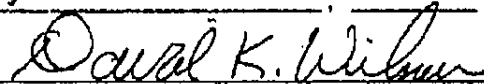
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: July 1, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 1, 2014



Signature of a member or authorized representative of a member

DAVID K. WILSON

Typed or printed name of signer