

LO8000099398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

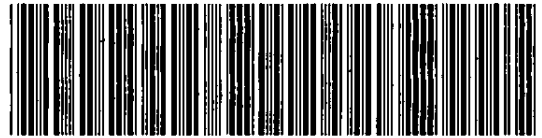
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600163755316

600163755316  
12/22/09--01022--015 \$25.00

FILED  
09 DEC 22 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 23 2009

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: W CAPITAL GROUP 2024, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE KAUPER

Name of Person

W CAPITAL GROUP 2024, LLC

Firm/Company

3180 STIRLING ROAD

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

kauper@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Kauper

Name of Person

at ( 954 )

374-8944

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**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

FILED  
09 DEC 22 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**W Capital Group 2924, LLC**

Page 1 of 2

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HAR-ZVI, LEA	3180 Stirling Rd Hlwd, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BAR-NOACH, TAL	REMOVE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WOLFF, YAIR	3180 Stirling Rd Hlwd, FL 33021	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove Change Address only
			<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.)

Please change the address  
on record for MGRM Yair Wolff  
to 3180 Stirling Rd  
Hlwd, FL 33021

Dated December 15, 2009

Signature of a member or authorized representative of a member

YAIR WOLFF  
Typed or printed name of signee

FILED  
09 DEC 22 AM 11:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA