

**L09000006844**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

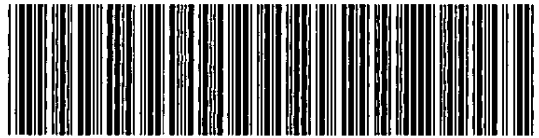
(Business Entity Name)

(Document Number)

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**FILED**  
2009 AUG 10 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**AUG 11 2009**

**EXAMINER**

## COVER LETTER

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

SUBJECT: WRA INVESTMENTS 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:

VALERIA SCHAPOWAL FARIA

Name of Person

WRA INVESTMENTS LLC

Firm/Company

848 PALM COVE DRIVE

Address

ORLANDO, FL 32835

City/State and Zip Code

VALERIASFARIA@GMAIL.COM

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

For further information concerning this matter, please call:

VALERIA FARIA

Name of Person

at ( 407 )

468 7456

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2009 AUG 10 PM 3: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WRA INVESTMENTS 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 01/22/2009 and assigned  
Florida document number L09000006844

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

848 PALM COVE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32835

Enter new mailing address, if applicable:

848 PALM COVE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32835

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:

VALERIA SCHAPOWAL FARIA

New Registered Office Address:

848 PALM COVE DRIVE

*Enter Florida street address*

ORLANDO

Florida

32835

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	JULIANO ROSSIN	5318 SEGARI WAY	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
MGRM	<i>Faria</i> VALERIA SCHAPOWAL E	848 PALM COVE DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<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.)

N/A

Dated AUGUST, 2009

Signature of a member or authorized representative of a member

JULIANO ROSSIN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA