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2009 MAR -6 AH 10: 48
SECRETARY OF STATE
AND SEE FLORID

T. CLINE
MAR - 9 2009
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Way North LLC	,	
	(Name of Limited Li		
The enclosed Articles of	Amendment and fee(s) are submitted	for filing.	
Please return all correspo	ndence concerning this matter to the	following:	
	Ieis Destopt	Name of Person)	
	Way North	Firm/Company)	
	1627 Brickel	4rc Apt 1006 (Address)	
	miam, #L (City/	33129 State and Zip Code)	
,	oncerning this matter, please call:	266 \ 292-054	2009 HAR -6 AF SECRETARY OF TALLAHASSEE
(Name	ephen- tujita of Person)	(Area Code & Daytime To	elephone Number) FF OR THE TENTE OF THE TENT
Enclosed is a check for t	he following amount:		₩ W
□ \$25.00 Filing Fee	S \$30.00 Filing Fee & ☐S 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

Particular in market acrees for

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

way North LL			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	<u>records.</u>)	
The Articles of Organization for this Limited Liability Company	y were filed on Februar	<u>y 20, 2009</u> and assigned	
Florida document number <u>LO90000 170 66</u> .		1 ,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the o	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7289 1741 1741	
(Principal office address MUST BE A STREET ADDRESS)		58 3 1	
		77 1	
Enter new mailing address, if applicable:		E.F.S	
(Mailing address MAY BE A POST OFFICE BOX)		0R 10 10 10 10 10 10 10 10 10 10 10 10 10	
D. If amonding the registered agent and/or registered of	Gos address on our ross		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		rds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	(City)	, Florida(Zip Code)	
	((Dip Couc)	

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 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** <u>Address</u> **Type of Action** Ieis Deskphen-Fulita 1627 Panckell Are Apt 1006 🔀 Add miam; #L 33129 Remove ☐ Add Remove 🗂 Add Remove ☐ Add Remove] Ædd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated ________ ०० Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00