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EXAMINER



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01/04/10--01034--013 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN - 4 PM 2:01

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WPPD MANAGEMENT L.L.C.**  
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:

William M. Olivieri

Name of Person

WPPD MANAGEMENT L.L.C.

Firm/Company

4951 Saddle Oak Trail

Address

Sarasota, FL 34241

City/State and Zip Code

wolivi8472@aol.com

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

For further information concerning this matter, please call:

William M. Olivieri

Name of Person

at (941) 809-2657

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

WPP0 MANAGEMENT L.L.C.

(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 04/03/2009 and assigned  
Florida document number L09000032705.

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**)

4951 Saddle Oak Trail

Sarasota, FL 34241

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4951 Saddle Oak Trail

Sarasota, FL 34241

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DIVISION OF CORPORATION  
10 JAN -4 PM 2:01

**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:

William M. Olivieri

New Registered Office Address:

4951 Saddle Oak Trail

Enter Florida street address

Sarasota

City

Florida

34241

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.

William M. Olivieri

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

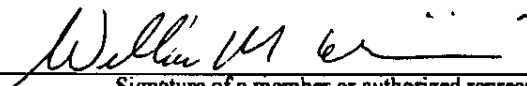
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Paul V. Olivieri	2156 SW 150th Ave. Miramar, FL 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	William M. Olivieri	4951 Saddle Oak Trail Sarasota, FL 34241	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Peter Olivieri	4951 Saddle Oak Trail Sarasota, FL 34241	<input checked="" type="checkbox"/> Add <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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

12-31-09



Signature of a member or authorized representative of a member

William Michael Olivieri

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00