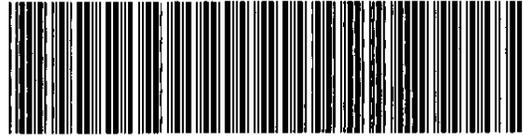


L09 0000 32705



100212515811

09/29/11--01020--010 \*\*30.00

FILED

2011 SEP 29 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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

I. CLINE  
SEP 30 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** W P P O Management 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:

William M. Olivieri  
Name of Person

W P P O Management LLC  
Firm/Company

4951 Saddle Oak Trail  
Address

Sarasota, FL 34241  
City/State and Zip Code

B. Olivieri @ AOL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William M. Olivieri at (941) 809-2657  
Name of Person Area Code & Daytime Telephone Number

2011 SEP 29 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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 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 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)**

P.O. Box 219  
Sarasota FL 34226

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2011 SEP 29 PM 12:06  
FILED

**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, Florida 34241  
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.

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>
Manager	Peter L Olivieri	4951 Saddle Oak Trail SARASOTA FL 34241	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Agent	William M. Olivieri	4951 Saddle Oak Trail SARASOTA FL 34241	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Paul 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 type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Agent	Peter L Olivieri	4951 Saddle Oak Trail SARASOTA FL 34241	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

FILED  
 SEP 29 2011  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 9/27/11

  
Signature of a member or authorized representative of a member

William M Olivieri  
Typed or printed name of signee