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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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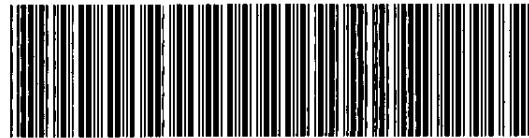
(Business Entity Name)

(Document Number)

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2011 SEP 29 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 209000032705.

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 21982

Sarasota FL 34226

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

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. Oliveri

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. Oliveri
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:

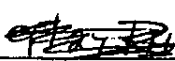
MGR = Manager

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
MGRM	Peter L OLIVIERI	4951 Saddle Oak Trail SARASOTA FL 34241	<input type="checkbox"/> Add <input checked="" 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 9/27/11



Signature of a member or authorized representative of a member

William M OLIVIERI

Typed or printed name of signee

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2011 SEP 29 4 12 PM '11
STATE
TALLAHASSEE FLORIDA