

LD9000033367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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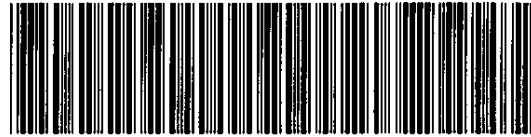
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 15 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WE SURROUND THEM USA, 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:

A. CARDILLO

Name of Person

WE SURROUND THEM USA, LLC

Firm/Company

7777 North Wickham Road 12-260

Address

Melbourne, FL 32940

City/State and Zip Code

Admin@WeSurroundThemUSA.net

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

For further information concerning this matter, please call:

A. CARDILLO

Name of Person

at (321)

266-2700

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

WE SURROUND THEM USA, 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 04/07/2009 and assigned
Florida document number L09000033367

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)

7777 North Wickham Road 12-260

Melbourne, FL 32940

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7777 North Wickham Road 12-260

Melbourne, FL 32940

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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:

A. CARDILLO

New Registered Office Address:

7777 North Wickham Road 12-260

Enter Florida street address

Melbourne

Florida

32940

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.

A. Cardillo
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	A. CARDILLO	9121 N MILITARY TRAIL #222 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	C. ROLAND	9121 N MILITARY TRAIL #222 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	A. CARDILLO	7777 North Wickham Road 12-260 Melbourne, FL 32940	<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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated MAY 11, 2009



Signature of a member or authorized representative of a member

A. CARDILLO

Typed or printed name of signee