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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY

OCT 12 2009

EXAMINER

COVER LETTER

TO: • Registration Section
• Division of Corporations

SUBJECT: Disabled Veterans World Strategic Alliances 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:

Edward Dunphy
Name of Person

Disabled Veterans World Strategic Alliances
Firm/Company

1917 Isla De Palms Circle
Address

Naples / Florida / 34119
City/State and Zip Code

eddunphynw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Dunphy at (239) 961-2348
Name of Person 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**

Disabled Veterans World Strategic Alliances (WSA) 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 May 14, 2009 and assigned
Florida document number L09 ddd 47282

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Disabled Veterans World Strategic Alliances LLC
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)

1917 Isla De Palma Circle
Naples, FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1917 Isla De Palma Circle
Naples, FL 34119

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:

New Registered Office Address:

Edward Dunphy
1917 Isla De Palma Circle
Enter Florida street address
Naples, Florida 34119
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.

Edward Dunphy
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	Stephen Torjorian	1917 Isla De Palma Cr. Naples FL 34119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ashley Montenegro	900 Fifth Ave S 203 Naples FL 34102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Edward Dunphy	1917 Isla De Palma Cr. Naples FL 34119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Greg Jenkins	1917 Isla De Palma Cr. Naples FL 34119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mark Spang	1917 Isla De Palma Cr. Naples, FL 34119	<input checked="" 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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09 OCT 12 AM 11:17
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TALLAHASSEE, FLORIDA

Dated 10/9/09

Edward Dunphy
Signature of a member or authorized representative of a member
Edward Dunphy
Typed or printed name of signee