L09000052766

(Requestor's Name)						
(Address	s)					
(Address)						
(Address	<i>3)</i>					
(City/Sta	ate/Zip/Phone #)					
PICK-UP	WAIT MAIL					
•						
(Busines	ss Entity Name)					
(======	, · · · · · · · · · · · · · · · · ·					
(Docume	ent Number)					
Certified Copies	Certificates of Status					
		_				
Special Instructions to Filing Officer:						
	-					

Office Use Only



900163793249

12/21/09--01026--010 **30.00

9 FILED

99 DEC 21 PH 12: 30

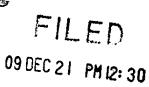
1ALLANASSEE, FLORIDA

COVER LETTER

TO:

TO:	Registration S Division of Co					
SHRIF	CT:	WRY	P ALF, LLC			
30036			ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
		Mark A. Yap				
			Name of Person			
WRYP ALF, LLC						
	Firm/Company					
	5455 S.W. 28TH AVENUE					
	Address					
	OCALA EL 24474					
	OCALA FL 34471 City/State and Zip Code					
			to be used for future annual report notifical	ion)		
ror tur	ther information	concerning this matter, please c	all:			
		Mark A. Yap	at ()	elephone Number		
	Name	of Person	Area Code & Daytime T	elephone Number		
Enclose	ed 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)		
	Regist Divisi P.O. I	LING ADDRESS: cration Section on of Corporations Box 6327 cassee, FL 32314	STREET/COURIEN Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TALLAHASSEE, FLORIDA

	WRYP A	LF, LLC	c.M	MASSEE, FLORIDA
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited I Florida document number		y were filed on	06/01/2009	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company her	<u>e</u> :	
	n/a	Э		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	n/a		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			·
		En	ter Florida street add	ress
		n/a	, Florida	n/a
		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.

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> **Address** Type of Action MGR R. Trent Watkins 6203 Cary Drive ✓ Add Austin, Texas 78757 Remove ☐ Add ☐ Remove Remove ☐ Add Remove ___Add Remove $\prod Add$ Remove **Gi** D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____November 12 2009 Signature of a member or authorized representative of a member Mark A. Yap Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00