L0900056302

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EXAMINER

COVER LETTER

Division of Co	orporations			
SUBJECT:	Wer	lodow, LLC		
		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	S 60	;
Please return all corresp	condence concerning this matter	to the following:	OSEP 17 AH 10: 57	10 12 12 1
		Michael Slobodow	平15	いった。
		Name of Person	Ω. A	1
		Primerica	فيد	٤
		Firm/Company	······································	
	1	1704 Corporate Drive		
		Address		
		Greenacres, Fl.33463		
		City/State and Zip Code		
	E-mail address: (i	obodow@bellsouth.net to be used for future annual report notific	ation)	
For further information	concerning this matter, please of	-		
Michael Slobodow			52-8613	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

H 0: 51

	WERLODOW,	LLC		المن المن المن المن المن المن المن المن
(<u>Na</u>	me of the Limited Liability Con (A Florida Limit	npany as it now appe ed Liability Company	ars on our records.)	
The Articles of Organization f	for this Limited Liability Comp	any were filed on	June 10, 2009	and assigned
Florida document number	L09000056302			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited	liability company h	ere:	
The new name must be distinguing.	ishable and end with the words "I	Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices a	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, i			***	
Muung uuu ess MAI DLA	TOST OFFICE BOX			
	ered agent and/or registered new registered office address		our records, enter th	e name of the new
Name of New Regist	tered Agent:			
New Registered Offi	ice Address:	E	nter Florida street addr	ess
			. Florida	Caa
		City	, Fivilua	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael Slobodow	5067 Northern Lights Drive Greenacres, Fl.33463	Add Remove
<u>Secreta</u>	Michael Slobodow	5067 Northern Lights Drive Greenacres, FL33463	☐ Add ☑ Remove
MGRM	Karl Werlein	10846 Sunset Ridge Circle Boynton Beach, FL33473	Add Remove
MBR	Maria Werlein	10846 Sunset Ridge Circle Boynton Beach, Fl 33473	Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			— . —
Dated	June 10 20	09	
	My funktill	or authorized representative of a member	
_	Typed (Karl Werlein or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00