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09 JUL 27 PH 3 SECRETARY OF S TALLAHASSEE FL

COVER LETTER

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:

GEORGE KAUPER
(Name of Person)

W CAPITAL GROUP

(Firm/Company)

3189 STIRLING RD

(Address)

HLWD, FL 33921

(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE KAUPER

(Name of Person)

at (954 573 9911

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$\P\$\$ \$25.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

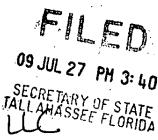
> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



W CAPITAL GROUP 2751, UCAAASSEE FLO

	ou minimu manay oompany)	1-1		
The Articles of Organization for this Limited Liabilit	y Company were filed on	2001 and assig	ned	
Florida document number LO99000	65847	• ` [
		•		
mit in the term of				
This amendment is submitted to amend the following	; ;	•		
A. If amending name, <u>enter the new name of the</u>	limited liability company here	:		
<u> </u>		'		
The new name must be distinguishable and end with the	words "Limited Liability Compar	w" the decimation "I I C" or the abl	revistin	
"L.L.C."	·	y, the designation Libe of the dot	or e v ractor	
77			•	
Enter new principal offices address, if applicable:	 			
<u>(Principal office address MUST BE A STREET AD</u>	DRESS)			
• .			·	
		•		
Enter new mailing address, if applicable:	•			
(Mailing address MAY BE A POST OFFICE BOX)				
HAMMING BUUTESS HEIT BE AT OUT OF TICE BOAY	·			
•				
B. If amending the registered agent and/or re	riotovod offina address on as	w vector de enter the name of	the ries	
registered agent and/or the new registered office a		ir records, enter the hame of	the Hen	
	· · · · · · · · · · · · · · · · · · ·	·		
Name of Name Basing and Association				
Name of New Registered Agent:		·		
New Registered Office Address:		<u> </u>		
<u> </u>	(Enter Florida street address)			
•	Tile adde			
	(City)	, Florida		

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 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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	TOVA MAROVA	3180 Stirling Rd Hollywood, FL 33021	Add Remove
<u>:</u> .			Add Remove
			Add Remove
			Add Remove
	•	·	Add Remove
			Add Remove
D. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	O9, SEG
			JUL 27 PH GRETARY OF HAHASSEF F
 	July 22 29	609	3:40
	Auf.	er or authorized representative of a member	 .
-	YAIT WOLF	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00