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SECRETARY OF STATE

S. HAWKES

SEP 0 9 2009

EXAMINER

COVER LETTER

TO: 7 Registration Sec Division of Corp							
SUBJECT:	W CAPITAL	GROUP 1491. L	10-				
Sobsect		ited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	GEORGE KAUPER Name of Person						
	W CAPITAI		, LLC				
		Firm/Company					
•	3180 STIRLING ROAD Address						
	HC	OLLYWOOD, FL 33021 City/State and Zip Code					
-		kauper@gmail.com					
	E-mail address: (to be used for future annual report	notification)				
For further information co	ncerning this matter, please o	all:					
	rge Kauper	at (<u>954</u>)	374-8944				
Name of Person		Area Code & Da	ytime Telephone Number				
Enclosed is a check for the	e following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)				
	NG ADDRESS:		URIER ADDRESS:				
Registration Section Division of Corporations		Registration Section Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W CAPITAL G		1491	, L	LC		
(<u>Name of the Limited Li</u> (A F	ability Compar orida Limited L	ny as it now app Liability Compan	ears on our i	records.)		
The Articles of Organization for this Limited Liab Florida document numberLO9000	ility Company	were filed on _	7 29	2009	and assign	ed
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	<u>ie limited liab</u> i	<u>ility company l</u>	here:	:	1988 1988	T I
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ted Liability Con	npany," the de	esignation "L	Cor the abbr	eviation
Enter new principal offices address, if applicab	le:	·			55 F	
(Principal office address MUST BE A STREET.	ADDRESS)				<u> </u>	<u></u>
					5m +	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) .	<u>)x)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered office			n our recor	ds, <u>enter tl</u>	ne name of the	<u>1e new</u>
Name of New Registered Agent:					<u></u>	
New Registered Office Address:						
			Enter Florid	la street addr	ess	
			,	Florida		
		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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** MGRM TOVA MANOVA 3180 STIRLING ROAD ✓ Add HOLLYWOOD, FL 33021 Remove Add Remove ☐ Add Remove \prod Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00