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| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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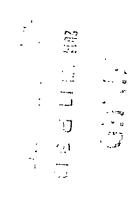
Office Use Only



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EFFECTIVE DATE 06-2014

06/17/14--01011--020 **60.00



B. SOSTICK
JUN 1 8 2014

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|--|---|
| SUBJECT: | WBL Name of Limi | P ted Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspor | ndence concerning this matter t | to the following: | |
| | Wo | LF B. LEZ. Name of Person | EAU |
| | | Firm/Company | |
| | 2265 | Fifth Ave | . Abt *7A |
| | New 3 | lock, Ny 1 | 0037 |
| | WLEZE | ACK NY IS City/State and Zip Code AUD Hot mail - Ca to be used for future annual report notific | TW of ion) |
| | oncerning this matter, please ca | ail: | (C.) |
| Name of | Ferson Dezel | Area Code Daytime T | - 0/2/ Telephone Number |
| Enclosed is a check for th | e 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, 11 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

71/BLP11C

| (Name of the Limited Liability Cor (A Florida Limit | npany as it now appears on our records.) ed Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Comparing April 1997 Plorida document number | and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 20609 Eastgolden Elm Drive |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Wolf Segeau 2265 Fifth Ave. Abt#7 New York, NY 10037 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, enter the name of the new |
| Name of New Registered Agent: New Registered Office Address: | Wolf B. LEZERU 65 Fifth Abe Affith TH Enter Florida street address Sew York, 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---|------------------------------|
| MGR | Wolf B. LEZEMI | 2265 Fifth Ave Apt 7A New York, NY 10037 | _ A (Add |
| | | Barbara A Potter | Remove |
| AMBR | Wolf B. Lezeau | 2265 fifth Ave. Apt #7. New York, NY 10037 | A A A A A A A A A B B |
| | | | Remove |
| | | | 🗖 Add |
| | | · · · · · · · · · · · · · · · · · · · | □ Remove |
| | | : | Adds |
| | | 4 | □ Remove |
| | | | □ Add |
| | | | Remove |
| | | | □ Add |
| | | | _□ Remove |

| D. If amendi | ing any other information, enter change(s) here: (Attach additional sheets, if | necessarv.) | |
|-----------------------------|--|---------------------------------------|-----------------------|
| | Lease Change WBLP LLC to L. Wor | • , | |
| | and Register Wolf B LEZeau as | Managas | |
| _0 | | | |
| | and Agent He is the the Sole o | | |
| | Remorte Mrs Bubara & Sotter from WBL | | of the companies |
| | Mys Barbara A Sotter is no longer associ | | the WBISHE |
| E. Effective (The effective | date, if other than the date of filing: | optional) lays after | |
| the date this | s document is filed by the Florida Department of State) | | |
| Dated | | • | |
| | dwoff | | |
| | Signature of a member or authorized representative of a member | | |
| | Typed or printed name of signee | | |
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| | Page 3 of 3 | i i i | |
| | Filing Fee: \$25.00 | · | |
| | \$60.00 Che | losed . | |