## L09000084499

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## **COVER LETTER**

	,	<b>:</b> •		
C		•		
Name of Lim	ited Liability Company			
Amendment and fee(s) are sub	mitted for filing.			
ndence concerning this matter	to the following:			
Peter C. Brewer				
	Name of Person			
WRNA LLC				
	Firm/Company			
(121.0)	Time Company			
6421 Citrus Ave.		<del> </del>		
	Address			
Fort Pierce, FL 34982				
	City/State and Zip Code			
<del>-</del>	to be used for future annual report p	otification)		
Bruce R. Abernethy, Jr.				
f Person	Area Code Dayı	ime Telephone Number		
e following amount:				
☐ \$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)		
Mailing Address: Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations		
7		l Tallahassee roe Street, Suite 810		
	Amendment and fee(s) are sub indence concerning this matter  Peter C. Brewer  WBNA, LLC  6421 Citrus Ave.  Fort Pierce, FL 34982  bobbrew1@bellsouth.net  E-mail address: ( oncerning this matter, please c  oncerning this matter, please c  f Person  in following amount:  S30.00 Filing Fee & Certificate of Status	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Peter C. Brewer  Name of Person  WBNA. LLC  Firm/Company  6421 Citrus Ave.  Address  Fort Pierce. Fl. 34982  City/State and Zip Code  bobbrew1@bellsouth.net  E-mail address: (to be used for future annual report of the concerning this matter, please call:  1772  189-4901  Area Code  Dayt  Area Code  Certificate of Status  Certified Copy  (additional copy is enclosed)  Street Address:  Registration Status or Division of Certificate of Status  Street Address:  Registration Status or Division of Certificate of Status  Certificate of Status or Division of Certificate of Certificate of Certificate of Certificate of Certificate of Certificate Options or Division of Certificate of Certificate Options or Division of Certificate Options of		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WBNA, LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
	and assigned	
Florida document number 1.09000084499		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)	·	
3. If amending the registered agent and/or registered office address on our records, <u>enter the na</u> Agent and/or the new registered <u>office address here</u> :	me of the new regis	
	, 1 (2)	
Name of New Registered Agent:	F* 1	
New Registered Office Address:  Enter Florida street address	<del></del>	
Enter Profita Speel duaress	<b>~</b> .	
	<u>.</u> .	
, Florida		
, Florida, Florida	Zip Code	

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
М	Wanda Brewer	185 NE Sagamore Terrace	
		Port St. Lucie, FL 34983	≣Remove
			□Add
		<del></del>	□Remove
			Change
			□Remove
			□ Change
		<del></del>	□Add
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		<u> </u>	□ Change
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Note:	ive date, if other than the fective date is listed, the date in If the date inserted in this ident's effective date on the	block does not meet th	e applicable statutory fi	(optional r more than 90 days after filing ling requirements, this dat	) g.) Pursuant to 605.0207 (3) e will not be listed as the
ord is fil	120122	tive date, but not an eff	Tective time, at 12:01 a.s	n. on the earlier of: (b) T	he 90th day after the
Dated	113012			_	
			r or authorized representat		

Filing Fee: \$25.00

Typed or printed name of signee