## L09000087028

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(Address)	
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(City/State/Zip/Phone #)	
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(Document Number)	
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<u>1912 DEC - 7 PN 12: 59</u> Secretary of State Allahassee et orida Ţij.

N. Culligan DEC 1 0 2012

## **COVER LETTER**

TO: Registration Section

Division of Corporations

Wiand Guerra King P.L.

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:

Katherine C Donlon

Name of Person

Wiand Guerra King

Firm/Company

5505 W Gray Street

Address

Tampa, FL 33609

City/State and Zip Code

kdonlon@wiandlaw.com

· E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine C Donlon

<sub>31/</sub>813<sub>1</sub>347-5104

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

□\$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 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

FILED
2012 DEC -7 PH 12: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wiand Guerra King P.L.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

the Articles of Organization for this Limited Liability Company were filed on 09/09/2009 and assigned lorida document number L09000087028				
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designat	ion "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	5505 W Gray Street			
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33609			
Enter new mailing address, if applicable:	5505 W Gray Street			
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33609			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		nter the name of the new		
New Registered Office Address:  Enter Florida stre		et address		
	, Flori	da		
	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 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 = Manager MGRM = Managing Member				
Title .	<u>Name</u>	Address	Type of Action	
<del></del>		· 	Add	
			Remove	
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Th	is address change applies to all members as well.
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<del></del>	
	· · · · · · · · · · · · · · · · · · ·
Dec	ember 5 2012
Dated Deci	Patheune C Donla
_	Signature of a member or authorized representative of a member
	Katherine C Donlon
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

