

209 600101432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

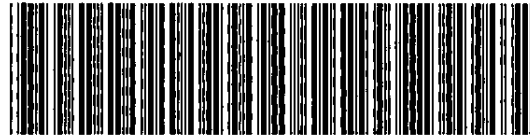
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/05/14--01010--002 \*\*823.75

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14 AUG -5 PM 4:10  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

# Goodman Breen & Gibbs

ATTORNEYS AT LAW

Dorothy M. Breen\*  
Nancy J. Gibbs\*  
Amanda Leigh Goodman  
Kenneth D. Goodman\*

3838 Tamiami Trail North, Suite 300  
Naples, Florida 34103  
(239) 403-3000  
Fax (239) 403-0010

\*Board Certified Attorney in  
Wills, Trusts & Estates Law

August 1, 2014

***SENT VIA FEDERAL EXPRESS***

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: **Document #L09000101432**  
**THE WA, LLC**

Dear Clerk of the State:

Enclosed are the completed reinstatement and amendment forms for the above-referenced limited liability company.

Also enclosed is this firm's check payable to the Florida Department of State in the amount of \$823.75 which represents the following:

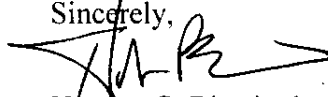
\$ 100.00 Reinstatement Fee  
\$ 138.75 2010 Annual Report Fee  
\$ 138.75 2011 Annual Report Fee  
\$ 138.75 2012 Annual Report Fee  
\$ 138.75 2013 Annual Report Fee  
\$ 138.75 2014 Annual Report Fee  
\$ 5.00 Certificate of Status Fee (Mail back to Goodman Breen & Gibbs)  
  
\$ 798.75 Total Amount for Reinstatement  
\$ 25.00 Amendment Filing Fee  
  
\$ 823.75 Total Amount Due

Please process the enclosed as soon as possible.

***Please mail the Certificate of Status back to our firm at the address listed above.***

Should you have any questions, please contact our office.

Sincerely,



Heather S. Birmingham  
Legal Assistant to Dorothy M. Breen

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The WA, LLC**

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:

Heather S. Birmingham

Name of Person

Goodman Breen & Gibbs

Firm/Company

3838 Tamiami Trail North, Suite 300

Address

Naples, Florida 34103

City/State and Zip Code

firm@goodmanbreen.com

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

For further information concerning this matter, please call:

Heather S. Birmingham

Name of Person

at ( 239 )

Area Code

403-3000

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**

THE WA, LLC

(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 October 21, 2009 and assigned Florida document number L09000101432.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

THE WA DOT, LLC

The new name must be distinguishable and end with 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:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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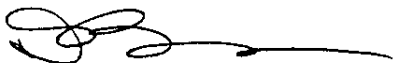
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 31, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Dorothy M. Breen, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 AUG -5 PM 4:10  
STATE  
TALLAHASSEE, FLORIDA