Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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(((H11000246045 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number : 120030000112

: (239)552~4100

Phone

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B. BOSTICK

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OCT 1 3 2011 EXAMINER

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

. (((H11000246045 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

	WP CONSULT, LLC		
(Name of the Limited	Linbility Company as it now appear. Florida Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited L Florida document numberL0900010		10/21/2009	and assigned
This amendment is submitted to amend the following	owing:	•	
A. If amending name, enter the new name o	f the limited liability company here	ē:	
The new name must be distinguishable and end win "L.L.C."	th the words "Limited Liability Compar	ny," the designation '	"LLC" or the abbreviation
Enter new principal offices address, if applic	able:		TE O
(Principal office address MUST BE A STREE	TADDRESS)		T>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		2 AN 8 29
			,5
B. If amending the registered agent and/or the new registered of		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	SALVATORI, WOOD & BUG	CKEL P.L	•
New Registered Office Address:	9132 STRADA PLACE, FOURTH FLOOR Enter Florida street address		
	NAPLES		34108-2683
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing I	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

MGR = Manager

If amending the Wanagers of Wanaging Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		(e. * .	~ ************************************
•			Add Remove
•			Add
		-	
	-	·	Add
			Remove
		ange(s) here: (Attach additional sheets, if nece	essary.)
,	ADDRESS FOR MGRM, PATRY		
	TO THE FOLLOWING:		
16970 SAN CARLOS BLVD., SUITE 3-225			AS 1
-	FORT MYERS, FL 33908		
Dated	10/10/11	•	: 29 ATE RIDA
	<i>F</i> .	Well	
	_	nber or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
		RYCJA WELSCH, MGRM ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00





October 12, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NORMA BRENNE HENNING, J.D. SALVATORI, WOOD & BUCKEL 9132 STRADA PLACE, FOURTH FLOOR NAPLES, FL 34108-2683US

SUBJECT: WP CONSULT, LLC

REF: L09000101516

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H11000246045 Letter Number: 911A00023377