

To: FL Dept. of State  
Subject: 001500-115094  
Division of Corporations

From: Katie Worsch

Monday, November 30, 2009 4:49 PM Page: 1 of 4

09 000103312

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Florida Department of State  
Division of Corporations  
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((H09000249420 3))



H090002494203ABC/

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

001500-115094

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TALLAHASSEE, FLORIDA  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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WEST BROAD VILLAGE VI LLC

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MR. THOMAS

DEC - 1 2009

EXAMINER

H09000249420 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

West Broad Village VI 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 26, 2009 and assigned Florida document number L09000103312.

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 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**2009 NOV 30 AM 10:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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 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**

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**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WBV Consolidation, LLC	7940 Via Dellagio Way Suite 200 Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WBV Consolidation, LLC	7940 Via Dellagio Way Suite 200 Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 FLORIDA

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_

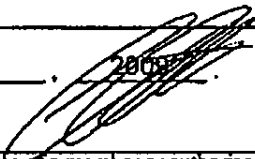
\_\_\_\_\_

\_\_\_\_\_

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Dated November 30, 2009



Signature of a member or authorized representative of a member

Charles Whitall

Typed or printed name of signee