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SECRETARY OF STATE

J. BRYAN

JUN - 1 2010

EXAMINER

## FORLIZZO LAW GROUP, P.A.

-Attorneys at Law-

ROBERT A. FORLIZZO Admitted in Florida, New York AND CALIFORNIA Email: bob@forlizzolawgroup.com

VIA F<u>EDER</u>

**EXPRES** 

May 27, 2010

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

RE: WDS CONCORD, LLC

Dear Sir/Madam:

Please find enclosed for filing an Articles of Amendment to Articles of Organization for **WDS CONCORD, LLC.** 

Enclosed please find our firm's trust account check #5845, in the amount of \$55.00 for the filing fees and certified copy charges. I would appreciate it if you could return the filed documents to me at your earliest convenience by overnight courier.

Thank you for your cooperation in this matter and if you have any questions, please feel free to contact me.

Very truly yours,

FORLIZZO LAW GROUP, P.A.

Jehnifer Hodges, Paralegal to

Robert A. Forlizzo

RAF/jnh Enclosures

FAWORD\BOB\CONNOR\Paradise Entities\WDS Concord, LLC\FL Dept of State5-27-10.doc

## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	WDS C	ONCORD, LLC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	R	obert A. Forlizzo, Esq.	<u></u>
		Name of Person	
	Fo	rlizzo Law Group, P.A.	Bu 5
		Firm/Company	10 HAY 28 PH 1:58 SECRETARY OF STATE
		2903 Rigsby Lane	28 PH 28 PH C
	<del>,, ,</del>	Address	
		,	Es :
	Sa	afety Harbor, FL 34695	\$
		City/State and Zip Code	9
	Cernst(	paradiseventuresinc.com to be used for future annual report notifica	tion)
For further information of	concerning this matter, please c	·	,
Robert	A. Forlizzo, Esq.	at (_727_)66	69-0550
Name o	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for t	he 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)
	ING ADDRESS	omp oppically	

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

WDS CONCORD, 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 November 16, 2009 and assigned
Florida document numberL09000110207
The Articles of Organization for this Limited Liability Company were filed on November 16, 2009 and assigned  Florida document numberL09000110207  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
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)
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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Title Address Name **MGMR** Paradise Ventures 2901 Rigsby Lane ☐ Add ✓ Remove Safety Harbor, FL 34695 Charles A. Ernst, Jr. MGMR 2901 Rigsby Lane ✓ Add Remove Safety Harbor, FL 34695 ☐ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00