

L09000113060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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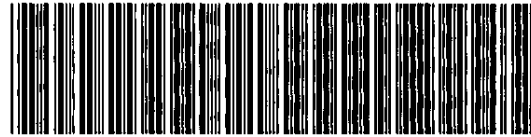
(Business Entity Name)

(Document Number)

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2010 SEP 30 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
OCT - 1 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WELLINGTON FINANCIAL SERVICES, 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:

BERNADETTE M. KERR

Name of Person

WELLINGTON FINANCIAL SERVICES, LLC

Firm/Company

13696 U.S HIGHWAY 441, SUITE 300

Address

THE VILLAGES, FL 32159

City/State and Zip Code

BERNIE@WELLINGTONFS.COM

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

For further information concerning this matter, please call:

BERNADETTE KERR

Name of Person

at (352) 430-2554

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

WELLINGTON FINANCIAL SERVICES, 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 01/01/2010 and assigned
Florida document number L09000113060.

This amendment is submitted to amend the following:

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

N/A

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)

WELLINGTON FINANCIAL SERVICES, LLC

13696 US HIGHWAY 441, SUITE 300

THE VILLAGES, FL 32159

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

WELLINGTON FINANCIAL SERVICES, LLC

13696 US HIGHWAY 441, SUITE 300

THE VILLAGES, FL 32159

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:

BERNADETTE M. KERR

New Registered Office Address:

13696 US HIGHWAY 441, SUITE 300

Enter Florida street address

THE VILLAGES

Florida

32159

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.

Bernadette M. Kerr
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

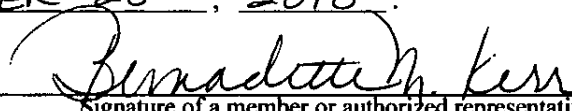
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROSEMARY T. JONES	15176 SE 73RD AVENUE SUMMERFIELD, FL 34491	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BERNADETTE M. KERR	13696 US HIGHWAY 441, SUITE 300 THE VILLAGES, FL 32159	<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
2010 SEP 30 AM 10:00
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated SEPTEMBER 28th, 2010



Signature of a member or authorized representative of a member

BERNADETTE M. KERR

Typed or printed name of signee