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D. BRUCE

MAY 17 2011

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:

SAMUEL T. SOUTHARD

Name of Person

WELLINGTON FINANCIAL SERVICES, LLC

Firm/Company

13690 US HIGHWAY 441, SUITE 300

Address

THE VILLAGES, FLORIDA 32159

City/State and Zip Code

SAM@WELLINGTONFS.COM

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

For further information concerning this matter, please call:

SAMUEL T. SOUTHARD

Name of Person

at ( 352 )

234-2828

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

FILED  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

11 MAY 16 PM 4:03

**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:**

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:

SAMUEL T. SOUTHARD

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.*

*[Signature]*  
**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

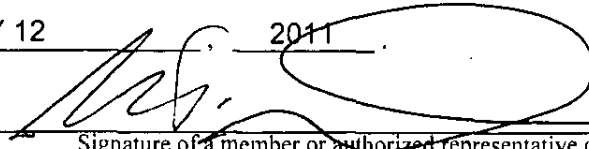
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BERNADETTE M. KERR	13696 US HIGHWAY 441 SUITE 300 THE VILLAGES, FLORIDA 32159	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

FILED  
 11 MAY 16 PM 4:03  
 CLERK OF DISTRICT COURT  
 ALACHUA COUNTY, FLORIDA

Dated MAY 12, 2011

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

SAMUEL T. SOUTHARD  
 \_\_\_\_\_  
 Typed or printed name of signee