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SECRETARY OF STATE
VALLARIASSEE, FLORIDA

COVER LETTER

Division of Co				
SUBJECT:	WI	BHC, LLC		
		ited Liability Company	· · · · ·	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		James K. Guldi		
		Name of Person		
		WIBHC, LLC		
		Firm/Company		
	1380	North Courtenay Parkway		
		Address		
	M	erritt Island, FL 32953		
•	7	City/State and Zip Code		
	F-mail address: (kguldi@fbfna.com to be used for future annual report notifi	cation	
For further information	concerning this matter, please of		Cationy	
ror further information	concerning this matter, please t	ali.		
	mes K. Guldi	at (_321_)	452-0011	
Name	of Person	Area Code & Daytime	e 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)	
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

'	WIBHC, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	11/25/2009	and assigne	:d
Florida document numberL09000113428	· ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbre	viation
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADD	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				_
B. If amending the registered agent and/or regi	stered office address on dress here:	our records, <u>enter tl</u>	ie name of th	e new
			SEC	
Name of New Registered Agent:				- F1
New Registered Office Address:			6 3 5	1
	Er	nter Florida street addr		
	City	, Florida	Zip Codect	_
	,			

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 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 **Title** <u>Name</u> Address **Type of Action MGMR** James K. Guldi 1380 North Courtenay Parkway _ ✓ Add Merritt Island, FL 32953 Remove ☐ Add Remove ___ Add Remove □ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 04 2012 Dated_ Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

James K. Guldi

Filing Fee: \$25.00