

L090000115122

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EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 23 AM 8:51

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Triple Fish America LLC  
Name of Limited Liability Company

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 23 AM 8:51

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Walter Fiedler  
Name of Person

Mylon GmbH  
Firm/Company

Ringweg 22  
Address

D-93342 SAAL Germany  
City/State and Zip Code

Walter.Fiedler@mylon.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter Fiedler at ( 011 ) 49 9441 810333  
Name of Person 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

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

Triple Fish America LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 23 AM 8:51

The Articles of Organization for this Limited Liability Company were filed on Dec. 2, 2009 and assigned  
Florida document number L09000115122.

This amendment is submitted to amend the following:

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

WFM, LLC

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)

Mylon GmbH

Ringweg 22

D-93342 Saal Germany

**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:

Paul Cipparone

New Registered Office Address:

1635 E. Hwy 50, Suite 300

Enter Florida street address

Clermont

City

Florida 34711

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>
MGRM	Amy Deering	220 Carlyle Street Minneapolis, Florida 33715	<input type="checkbox"/> Add <input checked="" 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

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

Dated

JULY 13<sup>TH</sup>

Signature of a member or authorized representative of a member

WALTER F. TIEDLER MEMBER

Typed or printed name of signer