## #109000122839

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K.SALY EXAMINER APR 25 2012

## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJ	г <b>с</b> т.	CHARL '	VAN WYK, LLC	
SOBO	<u></u>		ited Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	lence concerning this matter	r to the following:	
			CHARL VAN WYK	
			Name of Person	
CHARL VAN WYK, LLC				
Firm/Company				
		153	5 THREE VILLAGE RD	
Address				
WESTON, FL, 33326				
	City/State and Zip Code			
		E-mail address: (1	arivanwyk@keyes.com to be used for future annual report noti	fication)
For fur	ther information con	cerning this matter, please c		,
Charl Van Wyk Name of Person		at ( 954 )  Area Code & Daytin	494-2387	
	Name of P	erson	Area Code & Daytin	ne Tetephone Number
Enclos	ed is a check for the	following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED:
12 APR 19 PM 12: 27
SECRETARY OF STATE

	CHARL VAN WYK	TALL	HARY OF STATE
(Name of the Lin	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	WHOSEE, ELORIDA.
The Articles of Organization for this Limit	ed Liability Company were filed on	12/29/2009	and assigned
Florida document numberL09000	0122839		
This amendment is submitted to amend the	e following:		
A. If amending name, enter the new nar	me of the limited liability company her	<u>·e</u> :	
The new name must be distinguishable and en "L.L.C."	nd with the words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if a	pplicable:		
(Principal office address MUST BE A ST	REET ADDRESS)		<del></del>
			<del></del>
Enter new mailing address, if applicable	<u> </u>		
(Mailing address MAY BE A POST OFF)	ICE BOX)		
B. If amending the registered agent a registered agent and/or the new registered		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fn	ter Florida street add	ress
	Z.i.		. 🔑
	City	, Florida	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.

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR_	ORQUIDIA VAN WYK	14359 MIRAMAR PKWY #318 MIRAMAR, FL. 33027	✓ Add Remove	
			Add Remove	
	· · · · · · · · · · · · · · · · · · ·		Add Remove	
	<u></u>		Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary	·.)	
  Dated	APRIL, 14	2012		
		Tantiff Days		
	Signature of a m	nember of authorized representative of a member  CHARL VAN WYK		
	nded+d*o	Typed or printed name of signee	<del></del>	

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Filing Fee: \$25.00