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**EXAMINER** 



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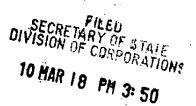
## **COVER LETTER**

Ĵ,

TO:	Registration Sec Division of Corp		•	
SUBJE	: CT:	Wiltshir	e Dorsey, LLC	
SOUL	· ·		ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
	Jean-Philippe Gabriel			
			Name of Person	
Wiltshire Dorsey, LLC				
			Firm/Company	
1701 SW 98th AVE				
			Address	
	•		Miami, FL 33165	
			City/State and Zip Code	
		jp	gzurich@yahoo.com to be used for future annual report no	tiffaction)
r		·	•	incation
For furti	ner information co	oncerning this matter, please o	au:	
	Jean-F	Philippe Gabriel	at (_215 )	200-9285
	Name of	Person	Area Code & Dayti	ime Telephone Number
Enclose	d is a check for th	e following amount:	•	
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C	orations

2661 Executive Center Circle Tallahassee, FL 32301

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



	Wilt	shire Dorsey, LLC		· 		
(Na	me of the Limited Liabi (A Florid	lity Company as it now appear da Limited Liability Company)	s on our records.)			
The Articles of Organization f	Articles of Organization for this Limited Liability Company were filed on			and assigned		
Florida document number	L10000012784	·	•			
This amendment is submitted	to amend the following	:				
A. If amending name, enter	the new name of the li	imited liability company here	<b>E</b> :			
The new name must be distingui "L.L.C."	shable and end with the v	words "Limited Liability Compa	ny," the designation "l	LC" or the abbreviation		
Enter new principal offices a	ddress, if applicable:					
(Principal office address MU	<u>ST BE A STREET AD.</u>	DRESS)				
			· · · · · · · · · · · · · · · · ·			
Enter new mailing address, i	f applicable:					
(Mailing address MAY BE A						
		gistered office address on o	ur records, <u>enter 1</u>	the name of the nev		
registered agent and/or the n	iew registered office a	<u>ddress here</u> :				
Name of New Regist	ered Agent:					
New Registered Offi	ce Address:					
	Enter Florida street address					
			, Florida	<u></u>		
		City		Zip Code		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> Name **Address MGRM** Driss Boubakri 1401 Thistlebrooke Crt ✓ Add Remove Crowfton, MD 21114 ☐ Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member Cabriel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00