# L10000016584

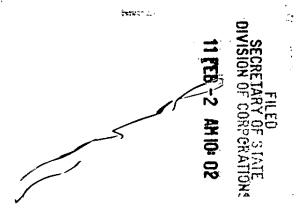
(Requestor's Name)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Ceitfied Copies Certificates of Status				
Special Instructions to Filing Officer:				





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02/02/11--01003--010 \*\*25.00





### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2010

KIMBERLY KNIGHT-ROJAS 3180 STIRLING ROAD HOLLYWOOD, FL 33021

SUBJECT: W CAPITAL GROUP 1337, LLC

Ref. Number: L10000016589

We have received your document for W CAPITAL GROUP 1337, LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

The check submitted must be made payable to the Florida Department of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 310A00029801

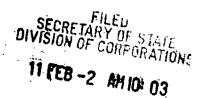
## **COVER LETTER**

TO: Registration of Division of	n Section Corporations			
SUBJECT:	· W CAPITAL GROUP 1337, LLC			
	Name of Limited Liability Company			
The enclosed Article	s of Amendment and fee(s) are submitted for filing.			
Please return all con	espondence concerning this matter to the following:			
	KIMBERLY KNIGHT-ROJAS			
	Name of Person			
W CAPITAL GROUP				
	Firm/Company			
	3180 STIRLING ROAD			
	Address			
	HOLLYWOOD, FL 33021			
	City/State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further informati	n concerning this matter, please call:			
	MBERLY KNIGHT at ( 954 ) 374-8944			
Na	ne of Person Area Code & Daytime Telephone Number			
Enclosed is a check t	or the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status  (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	l		

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



W CA (Name of the Limited L (A F	PITAL GROUP 1337, LLC Liability Company as it now appears of Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number		02/11/10 and assigned		
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	"the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDDECC			
Enter new mailing address, if applicable:				
<u>(Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our ee address here:	records, enter the name of the new		
Name of New Registered Agent:		·····		
New Registered Office Address:				
Enter Florida street address				
	City	, Florida Zip Code		
	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.

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 = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	YARON HAR-ZVI	3180 STIRLING ROAD HOLLYWOOD, FL 33021	Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ing any other information enter shange(	s) here: (Attach additional sheets, if necessary.)	Add Remove
	ing any other information, enter change	s) tiere: (Attach daditional sheets, if necessary.)	FILED CRETARY OF ION OF CORP
			CRATIONS 00 03
Dated	12/17 . 0	7	<del>-</del> ±.
	Signature of a member or	authorized representative of a member	
		WOLFF, MGRM printed name of signee	
	ryped or	hinten name of signee	

Page 2 of 2

Filing Fee: \$25.00