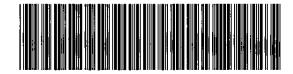
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SECRETARY OF STATE OF STATE OF CORPORATIONS

ANTHONY J. GARGANO, P.A.

May 12, 2011

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

RE: WBF Florida Properties, LLC

Ladies and Gentlemen:

Please file the enclosed amendment to the above company. I have enclosed a check in the amount of \$25.00 to cover the filing fee.

Thank you for your assistance.

Sincerely,

Anthony J. Gargano, P. /

Judy Perry, Paralega

/jp enclosures

COVER LETTER

· Division of Corp	porations				
SUBJECT:	WBF Florid	la Properties, LLC			
		ted Liability Company			
The suplemed Auticles of	A	iu.d fan filina			
ine enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	An	thony J. Gargano, Esq.			
		Name of Person			
	An	thony J. Gargano, P.A.			
		Firm/Company			
		2240 West First St.			
		Address			
	c	Fort Myers El 33901			
	Fort Myers, FL 33901 City/State and Zip Code				
	TGai	rgano@garganolaw.cor	n		
	E-mail address: (to be used for future annual report	notification)		
For further information co	oncerning this matter, please of	call:			
Anthon	y Gargano, Esq.	at (239) Area Code & Do	337-2280		
Name of	Person	Area Code & Do	aytime Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

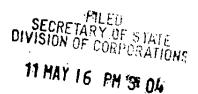
TO:

Registration Section

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



WRF Florida	a Properties, LL	C	- <u>U</u>
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appe ted Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Complete Liabi			and assigned
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the limited	liability company ho	ere:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Com	pany," the designation "LLC"	or the abbreviatio
Enter new principal offices address, if applicable:	 	····	
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		
			·
Enter new mailing address, if applicable:	10524 U.S.	Rt. 11	_
(Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 6	a	
	Adams, NY	13605	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on <u>here</u> :	our records, enter the t	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	r		
	Enter Florida street address		
	City	, Florida 	ip 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, <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

Title	<u>Name</u>	Address	Type of Action
MGRM	National Safe Harbor Exchanges	2390 E. Camelback Road, Ste 325 Phoenix, AZ 85016	Add Remove
MGRM	William B. Fuccillo	10524 U.S. Rt. 11 P. O. Box 69 Adams, NY 13605	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi		(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STAFE DIVISION OF CORPORATIONS 11 MAY 16 PM 5 04
-	Wil	lian B. Fuccillo or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00