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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
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· (Business Entity Nam	e)
(Document Number)	
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T. HAMPTON

MAY 1 3 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT:	W CAPITAL	GROUP 2311, LLC	
			ited Liability Company	
The end	closed Articles o	of Amendment and fee(s) are sui	bmitted for filing.	
Please 1	return all corres	oondence concerning this matter	r to the following:	
	KIMBERLY KNIGHT			
			Name of Person	
			W CAPITAL GROUP	
			Firm/Company	
3		3	180 STIRLING ROAD	
			Address	
		НС	DLLYWOOD, FL 33021	
			City/State and Zip Code	
		KK	@WGROUPUS.COM to be used for future annual report no	d'Contract
For furt	her information	concerning this matter, please of	•	ouncation
KIMBERLY KNIGHT		BERLY KNIGHT	at (954)	374-8944 time Telephone Number
	Name	of Person	Area Code & Day	time Telephone Number
Enclose	d 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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEURBIANT OF STATE PLYISION OF BORROTATIONS

W CA	PITAL GROUP 2311,	LLC	OR A
(Name of the Limited I (A)	iability Company as it now approprietal Limited Liability Company	pears on our records.)	SNO I
The Articles of Organization for this Limited Lia	bility Company were filed on _	4 13 2010	and assigned
Florida document numberL100000406	<u>610 </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Cor	npany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	YAIR WO	LFF	
New Registered Office Address:	3180 ST 11		17
	HOWY WI	Enter Florida street aa	33(X71
	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 Structure 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

<u>Title</u>	Name	Address	Type of Action
MGRM	SHLOMIT RONEN CASTIE L	3180 STIRLING ROAD HOLLYWOOD, FL 33021	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
			SEGRETARY OF DIVISION OF GORRO
Dated	APRIL 30 , 2010	<u> </u>	E STATE PRATIONS HE STATE
	Signature of a member or	authorized representative of a member	
	Y/	AIR WOLFF	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00