

U0000054873

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CALLAHAN, JEFFREY L. (18807)

2013 NOV 26 PM 1:21

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NOV 27 2013

T. CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Wesson Ventures, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Schoenbaum

Name of Person

Wesson Ventures, LLC

Firm/Company

2899 Roehampton Close

Address

Tarpon Springs, FL 34688

City/State and Zip Code

adamschoenbaum@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Schoenbaum

Name of Person

at **727 458-9874**

Area Code & Daytime Telephone Number

Enclosed 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 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

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Wesson Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/21/2010 and assigned
Florida document number L10000054873.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2899 Roehampton Close

Tarpon Springs, FL 34688

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2899 Roehampton Close

Tarpon Springs, FL 34688

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2899 Roehampton Close

Enter Florida street address

Tarpon Springs

City

Florida 34688

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

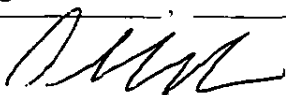
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jay Schoenbaum	2201 Wilder Lane	<input type="checkbox"/> Add
		Albuquerque, NM 87104	<input checked="" type="checkbox"/> Remove
MGRM	Adam Schoenbaum	2899 Roehampton Close	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT
COUNTY OF BROWARD
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 1, 2013



Signature of a member or authorized representative of a member

Adam Schoenbaum

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL 32307