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SECRETARY OF STATE

J. BRYAN

AUG 3 1 2010

EXAMINER

COVER LETTER

	ation Section n of Corporations		
SUBJECT:	W	ELBRD LLC	
		imited Liability Company	
	ticles of Amendment and fee(s) are	-	
Please return all	correspondence concerning this ma	tter to the following:	
		Robert R Lucas	
		Name of Person	
		WELBRD LLC	
		Firm/Company	700 6
285 Grande Way Unit 403		E T	
			63
		Naples FL 34110	FILE 2: 56 AUG 30 PM 2: 56 LAHASSEE, FLORIDA
		City/State and Zip Code	FLC 2:
	E-mail addres	bob@moxytrading.com s: (to be used for future annual report notifica	ation) So
For further infor	mation concerning this matter, pleas	se call:	ŕ
	Robert Lucas	at (239) 3	25-8767
	Name of Person	Area Code & Daytime	Telephone Number
Enclosed is a cho	eck 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	STREET/COURIE Registration Section Division of Corporal	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	WELBRD LLC		
(Name of the Limited (A	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Li Florida document number L10000060	• • •	June 4, 2010	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applications	able:		15. 6
(Principal office address MUST BE A STREE	T ADDRESS)		景景型
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		30 PH 2: 56 ASSEE, FLORIDA
B. If amending the registered agent and/or the new registered of		our records, enter t	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:		Futan Florida atract - 11.	
	1	Enter Florida street addi	ress
	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, 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
MGMR	David Wyatt	1085 Partridge Circle Naples, FL 34104	Add ✓ Remove
<u>MGMR</u>	Brian J. Tansey	7431 Bella Lago Dr Unit 342 Et Myers Beach, FL 33931	Add Remove
			Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	- 5 <u>5</u>
_		LANASCE.	FILE
_	A		PM 2: 56
Dated	August 25	2010 x	
	Signature of a	member or authorized representative of a member	
		Robert R. Lucas Typed or printed name of signee	-
		ryped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00