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JUN 2 4 2014 * BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

WVAS 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:

GERARDO I FERNANDEZ

Name of Person

WVAS LLC

Firm/Company

9679 TIVOLI VILLA DR

Address

ORLANDO, FL 32829

City/State and Zip Code

GERARDOFERNAN61@HOTMAIL.COM

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

For further information concerning this matter, please call:

GERARDO FERNANDEZ

. 407, 222-3997

Name of Person

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) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WVAS LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L10000066560	y were filed on 06/21/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9679 TIVOLI VILLA DR
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32829
Enter new mailing address, if applicable:	9679 TIVOLI VILLA DR
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32829
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Zin Cod Zin Cod
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARIA W. LOPEZ DE FERNANDEZ	10919 DERRINGER DRIVE	: □ Add
		ORLANDO, FL 32829	_■ Remove
MGR OI	OLGA L. GONZALEZ	9679 TIVOLI VILLA DR	 _ ≣ ∧dd
		ORLANDO, FL 32829	_□ Remove
			🗆 Add
			_ Remove
ARAM makes and Aram share described as an			_□ Add _□ Remove
			Add Alexander
		SEE FLORE	~ W

`	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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	÷ -
	ffective date, if other than the date of filing: (optional) ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State?
Date	d JUNE 19 2014
	Cinnata a Community and martillanian the management in the community of th
	Signature of a method or authorized representative of a member GERARDO I. FERNANDEZ

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Filing Fee: \$25.00

