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| (Re | equestor's Name) | | | |
|---|--------------------|--------------|--|--|
| (Ad | ldress) | | | |
| (Ad | ldress) | . | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | isiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

OCT 26 2010

EXAMINER

COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|--|---|--|
| SUBJECT: | WC EQUI | TY GROUP, LLC | |
| | | ited Liability Company | |
| • | Amendment and fee(s) are sul | | |
| | | Kurt Westfield | |
| | | Name of Person | |
| | | Kurt Westfield, P.A. | |
| | | Firm/Company | |
| | 2603 | 3 Bermuda Lake Dr #203 | |
| | | Address | Andrea (All Philips Andrea |
| | | Brandon, FL 33510 | |
| | | City/State and Zip Code | TO OCT CECRETO ALLAHA |
| | West | fieldhousing@gmail.com to be used for future annual report notification) | FILE DCT 25 PM RETARY OF WHASSEE, F |
| T 0 1 10 | · | • | |
| For further information c | concerning this matter, please of | call: | GF ST. GF |
| Kı | urt Westfield | at (_813) 404-69 ⁻ | 70 610 |
| Name o | of Person | Area Code & Daytime Telephone | e Number 🍱 |
| Enclosed is a check for the | he following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | 50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registr Divisio | ING ADDRESS: ration Section on of Corporations ox 6327 | STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building | RESS: |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GROUP, LLC | | | |
|---|---|--|--|
| Liability Company) | <u>as.</u>) | | |
| y were filed on9/10/201 | and assigned | | |
| | | | |
| | | | |
| bility company here: | | | |
| | | | |
| nited Liability Company," the designation | ation "LLC" or the abbreviation | | |
| 1315 OAKFIELD DR | WAR 6 | | |
| BRANDON, FL 33511 | 2 8 TI | | |
| | ZS SERV | | |
| PO BOX 1633 | FFS C | | |
| BRANDON, FL 33509 | 25 TA | | |
| | | | |
| ffice address on our records, g | enter the name of the ne | | |
| <u>re</u> : | | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| Enter Florida street address | | | |
| , Flor | ida | | |
| | inv as it now appears on our recordiability Company) y were filed on | | |

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 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> | Name | Address | Type of Action | | | | |
|--|--|--|--------------------|--|--|--|--|
| MGRM | K M Westfield | PO BOX 1633 BRANDON, FL 33509 | _☑ Add □ Remove | | | | |
| <u>MGRM</u> | KURT WESTFIELD | 2603 BERMUDA LAKE DR BRANDON, FL 33510 | Add Remove | | | | |
| | | | Add Remove | | | | |
| | | | Add Remove | | | | |
| | | | Add Remove | | | | |
| | | | Add Remove | | | | |
| D. If amendin | ng any other information, enter change(s | here: (Attach additional sheets, if necessary) | F11 10 0CT 25 | | | | |
| - | | Si | E M | | | | |
| Dated Och | er Ust, 7010 | · | - | | | | |
| Signature of a member or authorized representative of a member | | | | | | | |
| KURT WESTFIELD | | | | | | | |
| Typed or printed name of signee | | | | | | | |

Page 2 of 2

Filing Fee: \$25.00