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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
APR 1 3 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	WC EQUI	TY GROUP, LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	ndence concerning this matte	r to the following:		
		KURT WESTFIELD		-
		Name of Person		
WC EQUITY GROUP				
		Firm/Company		•
711 S. HOWARD #200				_
		Address		
		TAMPA, FL 33606		
	City/State and Zip Code			•
KURT@WCEQUITYGROUP.COM E-mail address: (to be used for future annual report notification)				
		•	t notification)	
For further information co	oncerning this matter, please	call:		
	WESTFIELD	at (_813)	404-6916	PER E
Name of	Person	Area Code & D	Paytime Telephone Number	TRETARY AHASSI
				ASS.
Enclosed is a check for th	e following amount:			mo - m
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	ate of Status &

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

WC	EQUITY GROUP, LLC	<u> </u>			
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Lia	ability Company were filed on	11/30/2010	and assigned		
Florida document number L10000094	902				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:	<u> </u>	T V C			
(Mailing address MAY BE A POST OFFICE B	OX)	P.F.			
		×SS:	2 70		
B. If amending the registered agent and/or	r magistamed affice adduces an	jri. Transa satar "Th	9 3		
registered agent and/or the new registered offi	ice address here:	our records, enter an	E on		
			m Edi		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Citv	, Florida			
	City		ZIII COUE		

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>	<u>Name</u>	Address	Type of Action
MGRM	BRIAN CROWE	711 S. HOWARD TAMPA, FL 33606	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	S STERRE (Attach additional sheets, if necessary OF STATE FLORIDA	2812 PR 12 AND 58
Dated	46 .202		
		authorized representative of a member T WESTFIELD	
		printed name of signee	

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Filing Fee: \$25.00