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(Rε	equestor's Name)	
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EXAMINER



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LLUSETANY OF STATE
TALL AHASSEF, FLORIDA

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

WC EQUITY GROUP, 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:

KURT WESTFIELD

Name of Person

WC EQUITY GROUP

Firm/Company

3030 N. ROCKY POINT SUITE 150

Address

TAMPA, FL 33607

City/State and Zip Code

KURT@WCEQUITYGROUP.COM

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

For further information concerning this matter, please call:

KURT WESTFIELD

__813\404691*6*

/ 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)

□\$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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

WC EQUITY GROUP, LLC							
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our re- liability Company)	cords.)				
The Articles of Organization for this Limited Liability Company were filed on 09/10/2012					and assigned		
Florida document number L10000094902	09/10/2010	3					
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the des	ignation "LLC	" or the al	bbreviation		
Enter new principal offices address, if applicable:		3030 N. ROCKY POINT					
(Principal office address MUST BE A STREET	TADDRESS)	SUITE 150		·			
		TAMPA, FL 33607	E	F 72			
			<u> </u>	2	1		
Enter new mailing address, if applicable:		3030 N. ROCKY POI	NT SSS	26 X8Y	Substitute 4		
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 150	<u>्र</u>	្ន ក្			
		TAMPA, FL 33607	TLO	<u>:</u>	- Comment		
			210	- G			
B. If amending the registered agent and/o			s, enter the	name of	the new		
registered agent and/or the new registered of	ice address her	<u>e</u> :					
Name of New Registered Agent:	KURT WES	STFIELD		·· <u>·</u> ···			
New Registered Office Address:	3030 N. ROCKY POINT SUITE 150						
New Registered Office Padaess.	Enter Florida street address						
	TAMPA F		orida <u>33607</u>				
		City Zip Code					
Nam Basistanad Agant's Signature if changing B	agistaned Agents						

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>	Address	Type of Action
MGRM	KURT WESTFIELD	3030 N. ROCKY POINT	Add
		SUITE 150	Remove
		TAMPA, FL 33607	
			Add
-			Remove
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			Add
			Remove

D. If amending	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
ONL	Y ITEMS BEING AMENDED ARE ADDRESS.
FRO	M: 711 S. HOWARD
TO:	3030 N. ROCKY POINT
OUF	OFFICE LOCATION HAS MOVED.
THA	NK YOU.
Dated NOVE	MBER 2012
	AA
	Signature of a member or authorized representative of a member
K	IRT WESTFIELD
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00