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COVER LETTER

TO: Segistration Section Division of Corporations
SUBJECT: WET, 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:
Ashty L NOStdan
Again DEnterprises Incorporated/Net, LC
7281 Surshine Grave Rd. Ste. 102
BOOKSUILE FL 34/4/3 City/State and Zip Code
ashty a inet or size annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

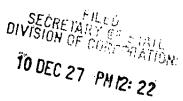
MAILING ADDRESS:

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 TO ARTICLES OF ORGANIZATION OF



INCt, ELC	
(<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 Compan Florida document number 1000010°1100.	y were filed on OCHOOCK 19, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7281 Sunshine Groverd 84e, 102
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Brooksville, FL 34613 7281 Sunshine Broverd. Ste. 162 Brooksville, FL 34613
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	ffice address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent: New Registered Office Address: 7281 80	J. L. Nostelahl ushime Brove Rd ste. 102 Enter Florida street address
Brook	SMIR, Florida 341013 City 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.

nging Registered Agent, Signature of New Registered Agent

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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 = Mai MGRM = M	nager Ianaging Member			
<u>Title</u>	Name	Address	Type	of Action
MGIRM	Agamo Enterprises. Incorporated	9232 Suthern Charm Cir. Brookswift, PL 34Le13	Ad Re	d move
MBR	Abhtey L. Nostdahl	9332 Southern Charm Cir. Brooksville, FL 34613	Ad Re	d move
meilm	Kujawa Enterpises Inc	Q1038 Bayside Ct.	Ad X Re	
			Ad Re	d move
			∏Add Ren	
	<u> </u>		Add Ren	
D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_	
			10 DEC 27	SECRETAR DIVISION OF
Dated DC	cemper 21st ,2010	· .	PH 12: 22	SEL Y SE SOUL YORKSTATION
	Ashley Nostda	r authorized representative of a member r printed name of signee		-

Page 2 of 2

Filing Fee: \$25.00