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G. MCLEOD

OCT 21 2011

EXAMINER



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10/20/11--01012--012 **25.00

FILED

11 OCT 20 PH 3: 30

SECRETARY OF STATE
ALL AHASSEE, FLORIO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	estments		
(Name of the Limited Liability (A Florida	y Company as It now appears on our 1 Limited Liability Company)	ecords.	· .
The Articles of Organization for this Limited Liability (Company were filed on 11/221	10	and assigned
Florida document number L10000121035	5		
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the lim	nited liability company here:		
WRM INV	ESTMENTS, L.	LC.	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the de	esignation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADD)	RESS)	,	D 0 -
•			<u> </u>
			AS TA
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	SE O
(Mailing address MAY BE A POST OFFICE BOX)			
			25 33 C
The same along the second count and/or west.		ula autau ti	om 🗭
B. If amending the registered agent and/or registered agent and/or the new registered office add		us, enter u	to-name of the new
		•	
Name of New Registered Agent:		·	<u> </u>
New Registered Office Address:			
A 10 W ANDROGO DALLY / MAIN DONS.	Enter Floria	a street addi	ess
	<u> </u>	Florida	·
	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.

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
DR			Add Remove
MGRM			Add Remove
	•		
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add
***************************************			Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
·			_
			_
Dated			
	X ILI		

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Filing Fee: \$25.00