## L'110000002165

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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2011 FEB -8 PM 12: 51
SECRETARY LOF STATE
OF THE PRIOR OF

C. LEWIS
FEB - 9 2011
EXAMINER

## **COVER LETTER**

| TO: Registration So Division of Gor |   | Ø4 'n ♥   | F. sv  | **             |  |
|-------------------------------------|---|---|--|----------------|--|
| SUBJECT:                            | WESOLOSK  | (I CARLSON, 912,  | LLC  |                |  |
| SCHOLECT.                           | <del> </del>  | imited Liability Company                                      |  |                |  |
|                                     | Amendment and fee(s) are sondence concerning this mat         | _   |  |                |  |
|                                     | <u> </u>  |   |  |                |  |
|                                     | •   | Name of Person  |  |                |  |
|                                     | McPhi   | llips, Fitzgerald & Cull                                      | um, LLP  |                |  |
|                                     |   | Firm/Company  |  |                |  |
|                                     |   | 9165 Park Drive   |  |                |  |
| Address                             |   |   |  |                |  |
| Miami Shores, FL 33138              |   |   |  |                |  |
|                                     |   | City/State and Zip Code                                       |  |                |  |
|                                     | E-mail address  | jfitzgerald@mfcllp.cor<br>:: (to be used for future annual re | n<br>eport notification)                             |                |  |
| For further information c           | oncerning this matter, pleas                                  | e call:   |  |                |  |
| John E                              | E. Fitzgerald, Jr.  | at ( 305 )  | 751-8556   | <u></u>        |  |
| Name o                              | f Person  | Area Code   | & Daytime Telephone Number                           |                |  |
| Enclosed is a check for the         | ne following amount:  |   |  |                |  |
| \$25.00 Filing Fee                  | \$30.00 Filing Fee & Certificate of Status                    | \$55.00 Filing Fee & Certified Copy (additional copy is       | enclosed) Certificat                                 | te of Status & |  |
| Registr<br>Divisio<br>P.O. Bo       | ING ADDRESS:<br>ation Section<br>n of Corporations<br>ox 6327 | Registratio<br>Division o<br>Clifton Bu                       | /COURIER ADDRESS: on Section of Corporations uilding |                |  |

Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 FEB -8 PM 12: 51

| WESOLOSKI CARLSON, 912, LLC SECRETARY OF STATES (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)               |
|--|
| The Articles of Organization for this Limited Liability Company were filed on January 6, 2011 and assigned Florida document number L11000002165                                |
| This amendment is submitted to amend the following:  |
| A. If amending name, enter the new name of the limited liability company here:   |
| 1700 Kennedy Causeway 912, LLC   |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."                                    |
| Enter new principal offices address, if applicable:  |
| (Principal office address MUST BE A STREET ADDRESS)  |
| <del></del>  |
| Enter new mailing address, if applicable:  |
| (Mailing address MAY BE A POST OFFICE BOX)   |
|  |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: |
| Name of New Registered Agent:  |
| New Registered Office Address:   |
| Enter Florida street address   |
| , 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

· . < .

| MGR = Ma<br>MGRM = N | nnager *<br>Managing Member             |   |                |
|----------------------|---|---|----------------|
| <u>Title</u>         | <u>Name</u>                             | Address   | Type of Action |
|                      |   |   | Add Remove     |
|                      | · · · · · · · · · · · · · · · · · · ·   |   | Add Remove     |
|                      |   | 45  | Add<br>Remove  |
|                      |   |   | Add Remove     |
|                      | ·                                       |   | Add<br>Remove  |
|                      |   |   | Add<br>Remove  |
| D. If amend          | ding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary                       | y.)            |
| _                    |   |   | ZOII FEB       |
|                      | 2/2                                     |   | SSEE O         |
| Dated                | 3/3 Signature of a member               | or authorized representative of a member                                  | OF STATES      |
|                      | John E. Fitzgerald                      | 1, Jr., Authorized Representative or a memorial or printed name of signee | <del></del>    |

Page 2 of 2

Filing Fee: \$25.00