

L110000020772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

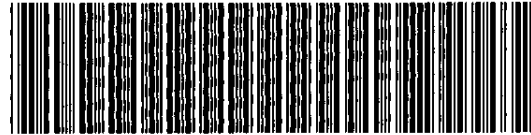
Special Instructions to Filing Officer:

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JUN 14 2011

EXAMINER

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11 JUN 10 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WC 47 Properties 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:

Nathan O'Keeffe

Name of Person

Firm/Company

447 Main Street

Address

Charlestown, MA 02129

City/State and Zip Code

nokeeffe@alkutechnologies.com

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

For further information concerning this matter, please call:

Nathan O'Keeffe

Name of Person

at (**415**)

859-1871

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
TO
ARTICLES OF ORGANIZATION
OF**

WC 47 Properties LLC

(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 02/16/2011 and assigned
Florida document number L11000020772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

3409 New South Province Boulevard

Suite 4

Fort Myers, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1217 Cape Coral Parkway E.

Suite #168

Cape Coral, FL 33904

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:

Shari Garcia

New Registered Office Address:

2075 W. First Street, Suite 204

Enter Florida street address

Fort Myers

Florida

City

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

SHARI M GARCIA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jacqueline Wilson	4512 Coronado Parkway Cape Coral, FL 33904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JPC Investments LLC	57 Walker Road Grantham, NH 03753	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nathan O'Keeffe	447 Main Street Charlestown, MA 02129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

May 31st, 2011


Signature of a member or authorized representative of a member

Patrick Clapp
Typed or printed name of signee