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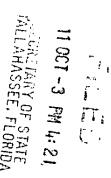
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D. BRUCE

OCT 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 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:		
Ghaza Wahavi Name of Person		
WextGen Management LIC		
1495 N. Park Or. Address		
Weston, FL 33326 City/State and Zip Code	STARTON	The state of the s
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	FM 4:21	
Ghaza/ Wahavi at (954) 306.4/25 Name of Person Area Code & Daytime Telephone Number	_	
Enclosed is a check for the following amount:	_	
\$25.00 Filing Fee \$\ \text{Certificate of Status} S55.00 Filing Fee &	Status &	osed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wext Gen Mai (Name of the Limited Liabilia (A Florida	Nagemen ty Company a a Limited Liab	is it now	LC appears on o pany)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number	Company we	ere filed o	n 3/22	/11	and as	signed
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liabilit	y compa	ny here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited	Liability	Company," tl	ne designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:	_				77.	
(Principal office address MUST BE A STREET ADL	<u>ORESS)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - - -				AHASSEL FLORID	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		e addres	s on our re	ecords, <u>ente</u> i	the name	of the new
Name of New Registered Agent:	Minda	Strat	ton			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	195 N.	Park_	Or Enter Fl	orida street a	ddress	marité les
	1			***	F 2220 c	
	Weston	City		, Florida _	33336 Zip Coc	le
New Registered Agent's Signature, if changing Registe	red 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ryan Poliakoff	1495 N. Park Dr. Weston, FL 33326	Add ☑ Remove
MGR	Minda Stratton	1495 U. Park Dr. Weston, FL 33326	X Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor	11 DCT -3 PH 4:21
DatedA	lugust 23 . 20 Menda	DII	
		r or authorized representative of a member	
	Minola Typed	Stratton d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00