L11000038385

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Linky Haine)					
(Document Number)					
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J. BRYAN

JUL 27 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJECT: WAITL		WAITL	EY MSR, LLC.	
		Name of Lim	ited Liability Company	
		f Amendment and fee(s) are sul	_	JUL 26 PH ID: 54
			Paul Charlebois Name of Person	- C. F. Cando
		MARTEL	GROUP OF COMPANIES II	NC
50		53	00 Canotek Rd, Unit 16	
Ottawa, ON, K1J-1A4				
		pa F-mail address: (City/State and Zip Code LUIC@stevemartel.com to be used for future annual report notific	oution)
For fur	ther information	concerning this matter, please of	•	auon)
		CHARLEBOIS of Person	at (<u>613</u>) Area Code & Daytime	680-0953 Telephone Number
Enclose	ed is a check for t	he following amount:		
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WA	ITLEY MSR, LLC.				
(Name of the Limited Liabil (A Florid	lity Company as it now appe la Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Florida document number L11000038385	Company were filed on	March 30, 2011 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company h	ere:			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD)	DDECC)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
wants was to the body		 			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter the name of the ne			
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 = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Action	
		-	Add	
			Remove	
			Add	
			Remove	
			A A A A A A A A A A A A A A A A A A A	
			Add Remove	
			R 60 6Ve	
			□Add □Remove	
			Add Remove	
). If ame	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_	
	Signature of member or an authoriz			
<u>E</u>	Electronic Signature: STEVE MART	EL	_	
<u>E</u>	Electronic Signature: PAUL CHARLEBOIS			
<u>E</u>	Electronic Signature: CEDRIC MELC	OCHE		
_	July 25	244	_	
Dated	,	011		
	Signature of a membe	r-or authorized representative of a member		
		STEVE MARTEL I or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00