

L11000039363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

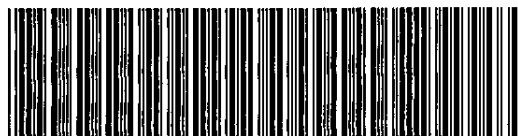
Special Instructions to Filing Officer:

L. SELLERS

AUG 10, 2011

EXAMINER

Office Use Only



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08/09/11--01008--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG -9 PM 4:02

FILED

Louis A. Servizio
Managing Partner

5500 Military Trail, Suite 22-299
Jupiter, FL 33458

Telephone: 561 935 6426

servizio@wellcast.com.br
www.wellcast.com.br



WELLCAST

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

Attached are the required forms to change the name of our company from Decision Economics do Brasil, LLC to Wellcast, LLC. I have also attached a check in the amount of \$25.00

Our address is:

Wellcast, LLC
5500 Military Trail, Suite 22-299
Jupiter, FL 33458

My phone number in Florida is 561 767 1232 or 562 935 6426.

Thank you for your attention to this matter.

Sincerely,



Louis A. Servizio
Managing Partner

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DECISION ECONOMICS DO BRASIL, 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:

LOUIS A. SERVIZIO

Name of Person

DECISION ECONOMICS DO BRASIL, LLC

Firm/Company

5500 MILITARY TRAIL, SUITE 22-299

Address

JUPITER, FL 33458

City/State and Zip Code

SERVIZIO@WELLCAST.COM.BR

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

For further information concerning this matter, please call:

LOUIS A SERVIZIO

Name of Person

at (561) 935-6426

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DECISION ECONOMICS DO BRASIL, 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 APRIL 1, 2011 and assigned
Florida document number L11000039363.

This amendment is submitted to amend the following:

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

WELLCAST, 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:

NOT APPLICABLE/NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

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:

NOT APPLICABLE/NO CHANGE

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, 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>
_____	_____	_____	<input 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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

NOT APPLICABLE/NO FURTHER CHANGES

Dated JULY 13, 2011

 Signature of a member or authorized representative of a member

 LOUIS A SERVIZIO
 Typed or printed name of signee