L11000055353

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
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PICK-UP	WAIT MAIL
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EXAMINER



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DATE:

06-23-2011

NAME:

WOODMONT GP LLC

TYPE OF FILING: ARTICLES OF AMENDMENT

COST: \$25

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Woodmoi	nt GP, LLC		F 20
(Name of the Limited Liability Comr (A Florida Limited	pany as it now apper Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	May 18, 2011	and assigned بن
Florida document number L11000055353			Ų
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company be	ere:	
Woodmo	ont, LLC		
The new name must be distinguishable and end with the words "Lie" L.L.C."	nited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	A-104445-000-000-00-00-00-00-00-00-00-00-00-00-		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		ner Florida street addr	Aux
	EST	ner rioriaa sirvei adar	ess
<u></u>		Florida	
	Cin		Zin 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 Title Name <u>Address</u> Type of Action **MGRM** Adrian Rubin P.O. Box 29729 Elkins Park, PA 19027 ✓ Remove Adrian Rubin MGR P.O. Box 29729 [7] Add Elkins Park, PA 19027 Remove ☐ Add Remove □.\dd _ Remove D. If amending any other information, enter change(s) here: Attach additional sheets, if necessary i Dated: June 23, 2011 Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Adrian Rubin, Manager

Filing Fee: \$25,00