## L110000ld495

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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name	e)
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Certified Copies	Cortification	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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RECEIVED

2012 FEB 20 AM 9: 18

C. LEWIS
FEB 2 1 2012
EXAMINER

ACCOUNT	NO.	:	12000000195

REFERENCE: 093398

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 10, 2012

ORDER TIME : 9:22 AM

ORDER NO. : 093398-005

CUSTOMER NO: 7836870

## DOMESTIC AMENDMENT FILING

NAME: WPQ2, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER'S INITIALS:

FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2012 FEB 20 AM 9: 18
SECRETARY OF STATE

TALLAHASSEE, FLORIDA

(Zip Code)

WPQ2, LLC. (Name of the Limited Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/07/2011 and assigned Florida document number L11000066495 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) 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: New Registered Office Address: (Enter Florida street address) Florida

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.

(City)

(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	<u>Name</u>	Address	Type of Action	
mrgm	Michael D. Williams	14529 Feather Sound Drive Clearwater, FL 33762	Add Remove	
			Add Remove	
			Add Remove	
<del></del>			Add Remove	
			Add Remove	
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		ge(1) here: (Attach additional sheets, if necessary.)	1	
	hael P. Quackenbush, Jr.		<del></del>	
	3 Bay Villa West		<del></del>	
		Clearwater, FL 33762		
Dated Februs	Signature of a member	r or authorized fepresentative of a member	2012 FEB 20 1 SECRETARY C	7 = 17
_	Michael P. Quacke Typed	nbush, Sr. or printed name of signee	- ES 30	
•	F	Page 2 of 2 iling Fee: \$25.00	OF STATE ALORIDA	