

L 11 0000125902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. KOHR

NOV 16 2011

EXAMINER



100214040081

11/16/11--01020--016 **55.00

RECEIVED
11 NOV 16 PM 12:17
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 NOV 16 PM 12:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

FILED
STATE
OF FLORIDA
NOV 16 PM 12:45

NAME OF ENTITY

Wellington Trapnell, LLC

FOR OFFICE USE ONLY

PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP

☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☒ AMENDMENT

☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN

☐ OTHER _____

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Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 11/16/11 TIME 12:30

Notes: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WELLINGTON TRAPNELL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 16 PM 12:45

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 4, 2011 and assigned
Florida document number L11000125902.

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)

3020 SOUTH FLORIDA AVENUE, SUITE 101
LAKELAND, FL 33803

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:

D. JOEL ADAMS

New Registered Office Address:

3020 SOUTH FLORIDA AVENUE, SUITE 101

Enter Florida street address

LAKELAND

City

Florida

33803

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

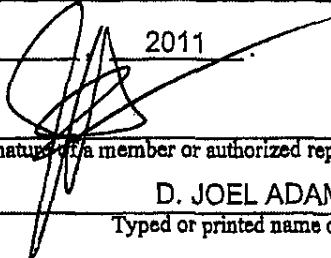
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT F. HARPER, IV	5900 IMPERIAL LAKES BLVD MULBERRY, FL 33860	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ENTRE CAPITAL LLC	3020 SOUTH FLORIDA AVENUE, SUITE 101 LAKELAND, FL 33803	<input checked="" 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.)*

Dated NOVEMBER 15 2011



Signature of a member or authorized representative of a member

D. JOEL ADAMS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00