L1200000902

(Requ	uestor's Name)			
. (Addr	ess)			
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(City/	State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fi	ling Officer:			

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B. KOHR

JAN-6 2012

EXAMINER



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01/06/12--01001--002 **25.00

12 JAN - 5 PM 3: 19

12 JAN -5 AM Q: 27

SECRETARY OF STATE OF VISION OF CORPORATIONS

A-5 M 9: 27

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308 385-6735

(City, State, Zip) (Phone #)

OFFICE USE ONLY

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Trademark

(Cofporat	TAL USA, LLC ion Name)	(Document #)
(Corporat	ion Name)	(Document #)
(Corporat	on Name)	(Document #)
(Corporat	ion Name)	(Document #)
Walk in P	ick up time	Certified Copy
Mail out V	Vill wait Photocopy	Certificate of Status
IEW FILINGS	AMENDMENTS	
fit	Amendment	
Profit	Resignation of R.A., Office	r/Director
ted Liability	Change of Registered Ager	nt
nestication	Dissolution/Withdrawal	
er	Merger	
THER FILINGS	REGISTRATION/	
al Report	QUALIFICATION	
ious Name	Foreign	
	Limited Partnership	
ne Reservation		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WDM CAPITAL USA, LLC

CALCALOR COMPORTATIONS

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records. Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number <u>L1200000902</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1221 BRICKELL AVE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 900		
	MIAMI, FLORIDA 3313	1	
Enter new mailing address, if applicable:	1221 BRICKELL AVE.		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 900		
	MIAMI, FLORIDA 33131		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new	
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, 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>	Name	Address	Type of Action
MGRM	WOJCIECH GUDASZEWSKI	7100 W. CAMINO REAL SUITE 100 BOCA RATON, FLORIDA 33433	Add ∕ ⊠ Remove
<u>MGRM</u>	ADRIAN P. DZIELNICKI	7100 W. CAMINO REAL SUITE 100 BOCA RATON, FLORIDA 33433	Add AAA Remove
MGRM	MARTA GUDASZEWSKA	7100 W. CAMINO REAL SUITE 100 BOCA RATON, FLORIDA 33433	Add Remove
<u>MGRM</u>	DOM MAKLERSKI (A POLISH COMPANY)	1221 BRICKELL AVE. SUITE 900 MIAMI, FLORIDA 33131	Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
_			
Dated	JANUARY 05 , 2	012	_
,	Signature of a mem	ber or authorized representative of a member	
	7ERESA	•	
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.09