

L12000021217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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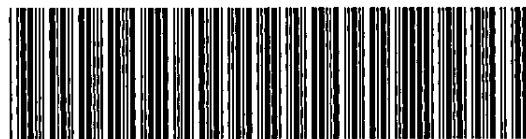
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 16 AM 11:17

MAY 17 2012
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WMD Brandon 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:

Paul Sloan

Name of Person

Firm/Company

2533 Northway Dr

Address

Venice, FL. 34292

City/State and Zip Code

passei@comcast.net

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

For further information concerning this matter, please call:

Paul Sloan

Name of Person

at (941)

349-6583

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 16 AM 11:17

WMD BRANDON 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 02/13/2012 and assigned
Florida document number L12000021217.

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:

8400 Vamo Rd.

(Principal office address MUST BE A STREET ADDRESS)

Suite 609

Sarasota, FL 34231

Enter new mailing address, if applicable:

8400 Vamo Rd

(Mailing address MAY BE A POST OFFICE BOX)

Suite 609

Sarasota, FL. 34231

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:

B. A. Ward

New Registered Office Address:

8400 Vamo Rd. Suite 609

Enter Florida street address

Sarasota

, Florida

34231

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:

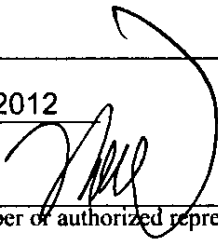
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William M. DeRespino	10852 FOREST RUN CIRCLE BRADENTON FL 34211	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	B.A. Ward	B.A. Ward 8400 Vamo Rd / Suite 609 Sarasota, FL 34231	<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 May 10, 2012



Signature of a member or authorized representative of a member

William M. DeRespino

Typed or printed name of signee

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