Division of Peparellicat

Division of Corporations Electronic Filing Cover Sheet

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(((H12000083386 3)))



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Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Phone

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: (305)634-3694

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Empil:	Addross.			



ELC AMND/RESTATE/CORRECT OR M/MG RESIGN WEK ATLANTIC, LLC

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe PAGE 01/04 EMPIRE CORP KIT

3/30/2012 91:01 2102/02/20

COVER LETTER

Division of C								
SUBJECT: WEK ATLANTIC, LLC, a Florida limited liability company Name of Limited Liability Company								
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all corresp	pondence concerning this matte	er to the following:						
	Griska Arguello Name of Person							
	** L	and C. Charman B.A.						
	Thomas G. Sherman, P.A. Finn/Company							
	90 Almeria Avenue							
	Address							
	Coral Gables, Florida 33134							
	City/State and Zip Code							
	Griski B-mail address:	a @ uinontitleservices.com (to be used for future annual report notification)						
For further information	concenting this matter, please	call:						
Gr	iska Arguello	arc 305 v 448-5898, ext. 204						
	of Person	at (305) 448-5898, ext. 204 Area Code & Daytime Telephone Number						
Enclosed is a check for t	-							
\$25.00 Filing Fee	√\$30.00 Filing Fee & Certificate of Status	S5.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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						

M12000083386

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEK ATLANTIC, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Lizolity Company)
The Articles of Organization for this Limited Liability Company were filed on03/09/2012 and assigned
Florida document numberL12000034064
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 abbreviatio "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)
You was a second of the second
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:
registered agent and of the few registered office and ess nere.
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
V** 1 k .
City , Florida
· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Registered Agents
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 Changles Designed A sout Structure of New Designed A sout

PAGE 03/04

Page 1 of 2

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:

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas G. Sherman	90 Almeria Avenue Coral Gables, Florida 33134	Add Remove
MGR	Dev Motwani	401 E Las Olas Blvd., Sulte 130-324 Fort Lauderdale, Florida 33301	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. Il'amene	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			_
 Dat c d	March 29	2012 //	12 HAR 30 SEC (A) ASS
<u></u>	Signature of a mem	benor anthorized representative of a member	SALTERIA SE
	HOMAR G.	EHERMAN, AUTHORIZED REPRE- med or printed name of signee THE COMPAR Page 2 of 2	SENTERIE OF
		Page 2 of 2	

Filing Fee: \$25.00

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MGR = Manager