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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone : (305)633-9696 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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EMPIRE CORP KIT

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11/29/2012 202762/II

COVER LETTER

TO:	Registration Section
	Division of Corporation

WEK Atlantic 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:

Gryska Arguello

Name of Person

Thomas G. Sherman, P.A.

Pirn/Company

90 Almeria Avenue

Addres

Coral Gables, FL 33134

City/State and Zip Code

Griska@uniontitleservices.com

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

For further information concerning this matter, please call:

Gryska Arguello

<u>ueno</u> 305,44

Name of Person

Area Code & Duylime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Q\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) C)\$60.00 Fiting 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

H1200008 20:91 2102/62/11

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

New Designation Amenda Circulture 16 sharping Design	City	Zip Code	
		, Florida	
New Registered Office Address:	Enter	r Florida street address	
Name of New Registered Agent:			
B. If amending the registered agent and/or registered agent and/or the new registered office	registerod office address on ou ce address here:	r records, enter the name of th	new
tranne address mai de a 1021 of the Be		FLO Y	
Mailing address MAY BE A POST OFFICE BO		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		SELRETE ALL AHAS	
(Principal office address MUST BE A STREET)	ADDRESS)	750	
Enter new principal offices address, if applicab	le:		
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company	"the designation "LLC" or the abbrev	/iation
A. If amending name, enter the new name of the	he limited liability company here:		
This amendment is submitted to amend the follow	ing:		
Florida document number L12000034064	<u> </u>		
The Articles of Organization for this Limited Liab	oility Company were filed on Marc	th 09, 2012 and assigned	l
(A.F.	nbility Company as it now appears (lorida Limited Liability Company)		
WEK ATLANTICALLC	ability Company as it now angears	on our records.)	

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 affice 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

Page 1 of 3

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 Address Type of Action <u>Name</u> Dev Motwani 300 SW 1st Avenue MGR Suite # 133 Fort lauderdale, FL 33301 300 SW 1st Avenue MGR WEK Atlantic Management LLC Suite # 133 Fort Lauderdale, FL 33301

Page 2 of 3

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H12000280619

). If amond	ling any other information, onter change(s) here: (Attach additional sheets, if necessary.)
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_	
	\sim
Dated NO	vember 28 , 2012/
	$\mathcal{M}X$
	Signature of a member pr authorized representative of a member
	Thomas G. Sherman, esq. \
	Typed or grinted name of signes
	Page 3 of 3

Filing Fee: \$25.00

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