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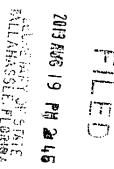
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COVER LETTER

Division of Co				
SUBJECT:	Wayne Else	y Enterprises, LL0		
Sobject.	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
	12	offroy Kaplan		
		effrey Kaplan		
		Name of Person		
Kaplan Law Firm				
Firm/Company				
	130 Reming	ton Drive, Suite 10	000	
		Address		2 1 5
Oviedo, FL 32765			A	
		City/State and Zip Code	(0.5) (0.5)	ō [
jkaplan@kaplanlaw				r II
For further information of	concerning this matter, please c	to be used for future annual report notificate all:	SE D	
Jeff	Kaplan	407 706-6		 इन
Name of Person		Area Code & Daytime To	elephone Number	
Enclosed is a check for t	he 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 end	

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

Wayne Elsey En (Name of the Limited Liability Compa (A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document numberL12000069071	May 22, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	390 North Orange Avenue	470
(Principal office address MUST BE A STREET ADDRESS)	Suite 2300	
	Orlando, Florida 32801	
Enter new mailing address, if applicable:	390 North Orange Avenue	19 F
(Mailing address MAY BE A POST OFFICE BOX)	Suite 2300	50
	Orlando, Florida 32801	Sim f
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the new
New Registered Office Address:	Enton Florida - 44	a dduaga
	Enter Florida street	iaaress
	, Florida	Zip Code
	Cuy	Lip 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 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** Name Address Type of Action Remove Remove Remove Remove Remove

<u>.</u>		enter change(s) here: (Attach additional sheets, if	
_			
_			
_			
	August 12		
		m	
	Signature	of a member or authorized representative of a member	
	/	Jeffrey L. Kaplan Typed or printed name of signee	
		Page 3 of 3	
		Filing Fee: \$25.00	2019 ANS 19
			\$3.43 1.64 1.64 1.64 1.64 1.64 1.64 1.64 1.64
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