

L12000088947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

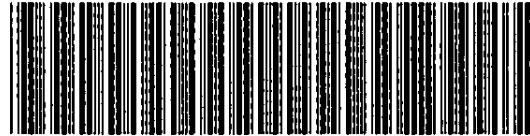
(Business Entity Name)

(Document Number)

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FILED
13 OCT - 7 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18th Nov OCT 08 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WPB PROPERTIES 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:

ALEJANDRO LUJAN

Name of Person

WPB PROPERTIES LLC

Firm/Company

17125 N BAY RD #3404

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

PITRIN@AOL.COM

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

For further information concerning this matter, please call:

JOSE CLAVIJO

Name of Person

at **(786) 262 5872**

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

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13 OCT -7 2M 10:55
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WPB PROPERTIES 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 07/09/12 and assigned
Florida document number L12000088943.

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:

(Principal office address MUST BE A STREET ADDRESS)

17125 N BAY RD #3404

SUNNY ISLES BEACH

FLORIDA 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17125 N BAY RD #3404

SUNNY ISLES BEACH

FLORIDA 33160

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: _____

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALEJANDRO LUJAN	17125 N BAY RD #3404	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH	<input type="checkbox"/> Remove
		FLORIDA 33160	
MGRM	Jairo Clavijo	20301 w country club dr #928	<input checked="" type="checkbox"/> Add
		Aventura Fl 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated SEPTEMBER 17, 2013.

Signature of a member or authorized representative of a member
JOSE CLAVIJO, MGRM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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