1200007261

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(Ad	dress)	
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COVER LETTER

TO:

Registration Section Division of Corporations

3050 SECRET LAKE DR LLC

SUBJECT:

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:

Cawline Law DW

Name of Person

LARSON ACCOUNTING &CONSULTING SERVICES LLC

Firm/Company

8615 commodity cir, ste 06

Address

Orlando, FL 32819

City/State and Zip Code

finances@larsonacc.com

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

For further information concerning this matter, please call:

Caroline Larson

at (407) 370-3686

Name of Person

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

3050 SECRET LAKE DR I					
· (Name of the Limited	Liability Compa Florida Limited L	ny as it now ar Liability Compa	opears on our records.)	
The Articles of Organization for this Limited L Florida document number <u>L12000097261</u>				and assigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company	<u>y here</u> :		
WFM Enterprise, LLC	,			•	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Co	ompany," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8615 Commodity Circle Suite 06			
		Orlando FL 32819			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		mmodity Circle Su FL 32819	uite 06	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:			,	12 DEC 28	
			Enter Florida street, Florida		
		City		Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			liper.	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action			
·	NA	n/a	Add			
			Remove			
						
			Add			
		·	Remove			
			Add			
			Remove			
						
			Remove			
			П			
			Add Remove			
			Remove			
			Add			
			Remove			

n amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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ed	\bigcap . \bigcap
	Papila. Flevor
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3