## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617+6383

From:.

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone Fax Number

: (954)208-0845

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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILEN HOLDING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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Corporate Filing Menu

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#### **COVER LETTER**

TO: Registration S Division of Co			
Wilen Hol	lding, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kevin Wilen		
		Name of Person	
		Firm/Company	
	3333 S.W. 15th St.		
		Address	
	Deerfield Beach, FL 33442	2	
		City/State and Zip Code	
	kwiten@witengroup.com	•	
	E-mail address: (1	to be used for future annual report noti	fication)
For further information	concerning this matter, please co	nll:	
Kevin Wilen		954 246-5000 at () Area Code Daytim	
Nume	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wilen Holding, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company)	.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000102252</u>	mpany were filed on 08/08/2012	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(3.5)	
*		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
The Market Market and the Control of		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, <u>ss here</u> :	
	<del></del>	OR TO
Name of New Registered Agent:		OA COA
New Registered Office Address:		•
New Registered Office Address:  Enter Floridastreet address		
	. Flor	rida
	City	rida ZipCode
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agentheing filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and nt as provided for in Chapter 605, F	I I am familiar with and S. Or, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

# If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Kevin Wilen	3333 S.W. 15th St.	□ ∧dd
		Deerfield Beach, FL 33442	■ Remove
		-	□ Change
MGR	Darrin Wilen	3333 S.W. 15th St.	Add
	•	Deerfield Beach, FL 33442	□ Remove
			Change
MGR	Kevin Wilen	3333 S.W. 15th St.	<b>■</b> Add
		Deerfield Beach, FL 33442	□ Remove
			☐ Change
MGR	Corey Wifen	3333 S.W. 15th St.	
		Deerfield Beach, FL 33442	□ Remove
			☐ Change
			Ad <b>67</b>
			NOV Repose
			Gange 7
			LORIUA.
			☐ Remove
			☐ Change

D. If a	amending any other information, enter change(s) here: (Aitach additional sheets, if necessary.)		
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		_	
No.	rective date, if other than the date of filing:  (optional)  if effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6  ite: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I cument's effective date on the Department of State's records.	isted a	17 (3Xb) s th <b>c</b>
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear The 90th day after the record is filed.	iller o	of; Product.
Da	November 23 . 2016		
	Signature of a member or suthorized representative of a member		
maan il maa	Donna Truong  Typed or printed name of signee		

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Filing Fee: S25.00