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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : GOREN, CHEROF, DOODY & EZROL, P.
Account Number : I20160000018
Phone : (954) 771-4500
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: KEZROL@CITYATTY.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE WILEN ORGANIZATION, LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 24 AM 9:50

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No. 3348 P. 2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE WILEN ORGANIZATION, 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:

Kerry L. Ezrol, Esq.

Name of Person

Goren, Cherof, Doody & Ezrol, P.A.

Firm/Company

3099 E. Commercial Blvd., Suite 200

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

keezrol@cityally.com

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

For further information concerning this matter, please call:

Kerry L. Ezrol, Esq.

954

771-4500

Name of Person

at ()

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
3661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WILEN ORGANIZATION, 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 November 1, 2012 and assigned
Florida document number L12000138675.

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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Kerry L. Ezrol, Esq.

New Registered Office Address:

3099 E. Commercial Blvd., Suite 200

Enter Florida street address

Fort Lauderdale

Florida 33308

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 605, 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.

[Signature]
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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The Company is a Manager managed limited liability company. Kevin Wilen is the Manager.

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Kevin Wilen, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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