## L1300000811

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SECRETARY OF STATE

M. Ortgen 105 S & 5013.

## **COVER LETTER**

TO: Registration Sec Division of Corp		•	
SUBJECT:	WP INVESTMENT GR	OUD IIC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Paul S	Sheehan Name of Person	
		ivalic of reison	
	WP INVESTM	ENT GROUP, LLC Firm/Company	
	930 Tropic B	Soulevard Address	
	Delray Beach	FL 33483 City/State and Zip Code	
	Paulfs@Rells E-mailaddress: (t	outh net o be used for future annual report notificati	on)
For further information co	ncerning this matter, please ca	all:	
Paul Sheeha Name of		at ( <u>561</u> ) <u>870-1183</u> Area Code & Daytime Te	elephone Number
Enclosed is a check for the	e following amount:		
<b>⊠</b> \$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

FILED: 2013 JUL 25 AM 10: 30

SECRETARY OF SPATE.

	III GDOUD IIC	FALLAHASSEE, PEORIDA
(Name of the Limited Li	NT GROUP, LLC ability Company as it now appears on orida Limited Liability Company)	our records.)
(A r)	orida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on <u>Janua</u>	cy 3, 2013 and assigned
Florida document number <u>L1300000087</u>	L	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	)X)	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fi	lorida 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>	Address	Type of Action
MGRM	Paul Sheehan	930 Tropic Boulevard	X Add
		Delray Beach, FL 33483	Remove
			<del></del> ,
			Add
			Remove
			_
			Add
			Remove
			_
			Add
			Remove
			<del>-</del>
<del></del>			Add
			Remove
			Add
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
:d	<i>'</i>
	Signature of a member or authorized representative of a member
	Signature of a member or suthorized representative of a member
	Werner Franzenburg Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

TILED WG 31