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SECRETARY OF STATE
TALLAHASSEEPFEORION

AUG 1 3 2013 D. BRUCE

## **COVER LETTER**

то:	Registration Section
	Division of Corporations

... WITPAC 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:

Alan J. Phillips

Name of Person

WITPAC LLC

Firm/Company

5947 Early Harvest Court

Address

Orange Park, Fl. 32003

City/State and Zip Code

alanphillips1@hotmail.com

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

For further information concerning this matter, please call:

Alan J. Phillips

<sub>...</sub>,904、591-7325

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

WITPAC LLC		
( <u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on ou orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab	ility Company were filed on 1-30-201	3 and assigned
Florida document number L13000016461		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le: ·	
(Principal office address MUST BE A STREET A	ADDRESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	DX)	
		7 S C C C C C C C C C C C C C C C C C C
B. If amending the registered agent and/or		cords, enter the name of the new
registered agent and/or the new registered offic	<u>e address here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida 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>	Name	Address	Type of Action
MGMR	Paola Tiso	5947 Early Harvest Cour	t Add
		Orange Park, Fl . 32003	
<del></del> .	<del></del>		Add
			Remove
. '			Add
			Remove
	<del></del>		Add
		HASSEN,	SECRITARY OF
		FORIDA	Add Remove
			- Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary,	)
·		
Dated	8-7, 2013.	
	alpell	
	Signature of a member or authorized representative of a member	
• •	Alan J. Phillips	•
	Typed or printed name of signee	

Page 3 of 3
Filing Fee: \$25.00

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