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B. BOSTICK

JUL - 8 2013

## **COVER LETTER**

TO:	Registration Section.	
	Division of Corporation	5

UNIFOTE W CAPITAL PH 20, 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:

Yair Wolff

Name of Person

W CAPITAL PH 20, LLC

Firm/Company

3180 Stirling Road

Address

Hollywood, FL 33021

City/State and Zip Code

WGROUP.ANAT@GMAIL.COM

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

For further information concerning this matter, please call:

Yair Wolff

**,,,,954**,374-8670

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

W CAPITAL PH 20, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Conference Florida document number L13000025336	ompany were filed on 02/18/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the words 'L.L.C."	s "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		281 ALL
(Principal office address MUST BE A STREET ADDRE	ESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-5 AM ID: 10
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	· · · · · · · · · · · · · · · · · · ·	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	
	, 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	Tamir Lubezky	3180 Stirling Road	Add
		Hollywood, FL 33021	Remove
			Add Remove
			Add
			Remove 28 JUL 5 Add
·			Remove
			Add
<del></del>			Add
			Kemove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
		•			
	<u> </u>				
Date	ed July and	. 2013			
	V	MANA			
		Signature of a member or authorized representative of a member			
	Yair Wolff				
		Typed or printed name of signee			
		Page 3 of 3			

Filing Fee: \$25.00

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