L13000130635

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Amend

Office Use Only



100252244101

10/21/13--01003--020 **25.00

FILED

13 OCI 21 PH 3: OCI
SECRETARY OF STATE
TALLAHASSEF FIRE

T. Burch '067 23 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WGACA Web, 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:

Michael H. Weisser

Name of Person

WGACA Web, LLC

Pirm/Company

20155 NE 38 Court, Suite 201

Address

Aventura, FL 33180

City/State and Zip Code

mhwmike@gmail.com

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

For further information concerning this matter, please call:

Michael H. Weisser

at (305)690-9110

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

WGACA WEB, LLC			
(<mark>Name of the Limited Liabili</mark> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)	-
The Articles of Organization for this Limited Liability			_ and assigned
Florida document number L13000130635			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the d	lesignation "LLC	or the abbreviatio
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>		-, a
		7.	<u>က်</u> ယ
Enter new mailing address, if applicable:		SSVIII	FILL OCT 2
(Mailing address MAY BE A POST OFFICE BOX)	-	<u></u>	
			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		rds, enter the	
Name of New Registered Agent:			
New Registered Office Address:	Estas Elevis	de neuvot addino	
	Enter Ploric	da street addres	S.
	City	, Florida	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Pines Web, Inc. MGR 20155 NE 38 Court, Suite 201 Aventura, FL 33180 **√**|Remove 13-17 Laight Street NYC Partners, LLC MGR Suite 28, 5th Floor New York, NY 10013 Eric Bamberger 13-17 Laight Street **MGR** Suite 28, 5th Floor Remove New York, NY 10013 Remove Remove

• '	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
-	10/18/2013
	Mille jentel Kent
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

13 OCT 21 PH 3: OU
SEGNETARY OF STATE