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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Pax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Electronic Filing Menu

Corporate Filing Menu

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AUG 1 5 2014

T. HAMPTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WG Projects, LLC	_
(Name of the Limited Liability Com (A Piorida Limite	ment as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 02/21/2014 and assigned
Florida document number L14000030311	
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited li	ability company here:
The now name must be distinguishable and end with the words "Linated L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address b	office address on our records, enter the name of the new
Name of New Registered Agent	
New Registered Office Address:	Exter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ager	n t :

New Registered Agent's Signature, it 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 affice 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Title Name <u>Address</u> Type of Action **MGRM** GONGALEZ, FRANCISCO 2525 PONCE DE LEON BLVD - STE 625 CORAL GABLES, FL 33134 Remove Juan Wulff MGRM 2525 PONCE DE LEON BLVD - STE 625 CORAL GABLES, FL 33134 CROWNING 2525 PONCE DE LEON BLVD - STE 625 MGRM Monica Gonzalez Wulff CORAL GABLES, FL 33134 | Remove _JI Add _□ Remove □ Remove

MGR = Manager

			<u> </u>	
: offective	late, if other than the date must be specific, caur document in filed by the Fi	not be prior to date of re	ceipt or filed date and car	(optional) mot be more than 90 days after
			•	
	Eropologo	Gonzalez	or mithorized represent	elive of a member

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Filing Fee: \$25.00

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