

L15000191333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

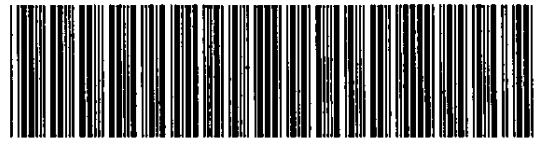
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/13/17--01003--012 \*\*35.00

FILED  
2017 FEB 13 PM 3:16  
FEB 13 2017

M. MILLIGAN

FEB 14 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2017

WPAC RE HOLDINGS, LLC  
677 CRESTA CIR  
WEST PALM BEACH, FL 33413

SUBJECT: WPAC RE HOLDINGS, LLC  
Ref. Number: L15000191333

We have received your document for WPAC RE HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 117A00000896

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: WPAC RE Holdings, LLC  
DOCUMENT NUMBER: L15000191333

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person  
WPAC RE Holdings, LLC  
Firm/ Company  
677 Cresta Cir  
Address  
West Palm Beach, FL 33413  
City/ State and Zip Code  
kenpcpa@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Mateis at (561) 719-0741  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee  
☐ \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

February 9, 2017

Michelle Milligan

RE: Amendment for Corporation

The "Amendment for Corporation" form was originally submitted in error, it was subsequently rejected, and this is now the corrected form in replacement. Also, please find attached a copy of the cancel check in the amount of \$35.00.

Thank you for your assistance in the matter.

If you have any questions, please feel free to call me at 561-719-0741

Thanks

Sandra Matus

RECEIVED  
2017 FEB 13 AM 10:51  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WPAC RE Holdings, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2017 FEB 13 PM 1:17  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L15000191333

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A  
The new name must be distinguishable and contain the words "Limited Liability 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)**

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Kenneth Bailynson

New Registered Office Address:

677 Cresta Circle

Enter Florida street address

West Palm Beach

City

, Florida 33413

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 605, 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.*

KBS  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|-------------------|---------------------|--|
| MGR          | Todd Walters      | 677 Cresta Cir      | <input type="checkbox"/> Add               |
|              |                   | West Palm Beach, FL | <input checked="" type="checkbox"/> Remove |
|              |                   | 33413               | <input type="checkbox"/> Change            |
| MGR          | Kenneth Bailynson | 677 Cresta Cir      | <input checked="" type="checkbox"/> Add    |
|              |                   | West Palm Beach, FL | <input type="checkbox"/> Remove            |
|              |                   | 33413               | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

FEB. 5 2017

Signature of a member or authorized representative of a member

TODD WATERS

Typed or printed name of signee

2017 FEB 13 PM 3:17