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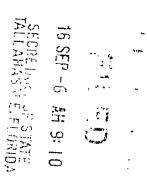
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SER OF THE PRICE

COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:	Guidi Family	Property CR 13 II, LLC			
		Name of Limite	ed Liability Company		
The enclosed	I Articles of An	nendment and fee(s) are subm	itted for filing.		
Please return	all correspond	ence concerning this matter to	the following:		
		Amy M. Vo, Esq.			
Name of Person					
		St. Johns Law Group			
	Firm/Company				
	104 Sea Grove Main Street				
		Address			
		St. Augustine, Florida 32080			
			City/State and Zip Code		
		avo@sjlawgroup.com			
		·	be used for future annual report no	ouncation)	
For further in	nformation con	cerning this matter, please cal	ll:		
Amy M. Vo	1		904 495-0400 at ()		
	Name of P	erson	at () Area Code Dayti	me Telephone Number	
Enclosed is	a check for the	following amount:			
■ \$25.00 F	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:

TO:

Registration Section

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**

Guidi Family Property CR 13 II, LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	e filed on and assigned
Florida document number L16000086924	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
WLdo, LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	TAE E
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	777
	HO 150
B. If amending the registered agent and/or registered office	address on our records, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
The transfer of transfer a community is entirely in the comment of	

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.

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00

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