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N COOPER

MAY 03 2018

PARIS |  
ACKERMAN LLP

103 Eisenhower Parkway  
Roseland, NJ 07068  
T: 973.228.6667  
F: 973.629.1246  
www.parisackerman.com

April 30, 2018

**VIA UPS**

Registration Section  
Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: WCP SH MINNESOTA, LLC  
**Articles of Amendment to Articles of Organization Filing**

Dear Sir or Madam:

Enclosed please find the following documents in connection with the above referenced matter:

1. The Cover Letter for WCP SH MINNESOTA, LLC;
2. One (1) copy of the fully executed Articles of Amendment to Articles of Organization; and
3. Check in the amount of \$25.00 representing the filing fee in connection with this filing.

Please file the attached documents accordingly. Should you have any questions please contact me at 973-747-3226 or [ahorn@parisackerman.com](mailto:ahorn@parisackerman.com).

Very truly yours,



Amber L. Horn

Encls.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WCP SH MINNESOTA, 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:

Amber Horn

\_\_\_\_\_  
Name of Person

Paris Ackerman LLP

\_\_\_\_\_  
Firm/Company

103 Eisenhower Parkway

\_\_\_\_\_  
Address

Roseland, NJ 07068

\_\_\_\_\_  
City/State and Zip Code

skobrien@ssrminc.com

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

For further information concerning this matter, please call:

Amber Horn

973 747-3226

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

WCP SH MINNESOTA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/12/2016 and assigned  
Florida document number L16000189213.

This amendment is submitted to amend the following:

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

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

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**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wekiva Capital Partners, LLC	225 WEST CANTON AVENUE	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input type="checkbox"/> Change
MGR	Sean O'Brien	1025 Plain Street	<input checked="" type="checkbox"/> Add
		Suite 2	<input type="checkbox"/> Remove
		Marshfield, MA 02050	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)**

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**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 April 26, 2018

Chris Hughes  
Signature of a member of authorized

Signature of a member or authorized representative of a member

Chris Hughes

Typed or printed name of signee