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13 MAY 23 MA I: LZ
SECRETARY OF STATE

Amend.
05/28/13
Dc

COVER LETTER

TO: Amendment Section Division of Corporations

, , ,			_
NAME OF CORPORATION: WFI	ATS CONDOR	MINIUM ASSOC	LATION, INC
DOCUMENT NUMBER: 104006	0009780		_
The enclosed Articles of Amendment and fee ar	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
ANNA MARI	SOLOMON		
	(Name of Contact Person)		į
	(Firm/ Company)		··
205 5th AV	EN # 40)	
	(Address)		_
ST PETERSBL	URG, FL . (City/ State and Zip Code	33701	_
MARI, SOLON E-mail address: (to be	MON@GN e used for future annual report n	AiL. Com	
For further information concerning this matter, p	lease call:		
MARZI SOLOMON (Name of Contact Person)	at (127 (Area Coo) 742 -237 Pele & Daytime Telephone Number)	<u>!</u>
Enclosed is a check for the following amount ma	ide payable to the Florida Depar	tment of State:	
\$35 Filing Fee S43.75 Filing For Certificate of St	ee & \$\subseteq\$\$43.75 Filing Fee & atus Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section	Street A Amendr	Address nent Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with t	DMIN the Florida D	ent. of State)	ASS!	OCI HII	<u>DN</u>
(Document Number of C	Corneration (i	(known)			· ·
				··	
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this	Florida Nat Fa	r Profit Co	rporation adopt	s the followin
A. If amending name, enter the new name of the cor	rperation:			• •	
	1			: .	
name must be distinguishable and contain the word "co	orporation" o	r "incorporate	d" ör the ab	breviation "Co	The nev rp." or "Inc."
"Company" or "Co," may not be used in the name.	.		; :::		
3. Enter new principal office address, if applicable:			`.		
Principal office address MUST BE A STREET ADD	RESS)	•.	*		
				<u></u> ن محق	7
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		• • •	· .	シス エロ	* **
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX				^A	2
					<u> </u>
	<u> </u>		7 + 1 + 1 T	,	
D. If amending the registered agent and/or registers	ed office add	ress in Florido	onter the	name of the	
new registered agent and/or the new registered of					
Name of New Revistered Agent: SEA	NA	COSTIS	SES	30	•
7101	10 /	PIALLAR	N D C	-5 '081' \	DA
7700	(Florida	street address)	// 4 C	<u> </u>	
New Registered Office Address: 1000	CEN	TRAL	AUE	NUE	
			· · · · · · · · · · · · · · · · · · ·	da 337	07
	(City)			p Code)	
New Registered Agent's Signature, if changing Regi	ttoral Agent		•	-	• .
hereby accept the appointment as registered agent.	am familiar	<u>.</u> With and accept	the obliga	ions of the posi	tion.
Dan	\sqrt{N}	out!			-
Signature of New	v Registered	went if changi	10	 ·	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		Doe Jones Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) X Change	DIRSTON	SAM	B IRESON	7600 128th StN SEMINOLE, FL 3377	
Add				SEMINOLE, IL 3377	4
Remove					
2) Change					
Add				,	
Remove					
3)Change					
Add					
Remove					
4) Change					
Add					
Remove					
5)Change					
Add				· · · · · · · · · · · · · · · · · · ·	
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Au attach additional sheets, if necessary).	(Be specif				
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The	date of each amendment(s) adoption:5-8-13	
Effe	ective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(CHECK ONE)	
×	The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) roval.	
	There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
	have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)	
	ANNA	(Typed or printed name of person signing)	11 A 12
	+ V55	DENT (1) FLATS (BADKALA)ULAL	##<<

(Title of person signing)