

L20000180581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 OCT 14 2:10 PM  
SEC. OF STATE  
STATE OF MISSISSIPPI

A. RIVERS  
OCT 14 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Whisky Gems 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:

Lindsay Hale  
Name of Person

Whisky Gems LLC  
Firm/Company

1850 SW Bellevue Ave  
Address

Port St. Lucie FL 34953  
City/State and Zip Code

whiskygems@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay Hale at ( 772 ) 631-0545  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Whisky Gems 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 6/29/2020 and assigned Florida document number L20000180581.

This amendment is submitted to amend the following:

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

(not amending LLC name)

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)

1850 SW Bellevue Ave

Port St. Lucie, FL 34953

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

(Mailing address MAY BE A POST OFFICE BOX)

1850 SW Bellevue Ave

Port St. Lucie, FL 34953

**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:

Lindsey Hale

New Registered Office Address:

1850 SW Bellevue Ave

Enter Florida street address

Port St. Lucie

City

Florida

34953

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.*

Lindsey Hale

**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>
AMBR	Lindsey Pulliam	1850 SW Bellevue Ave	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lindsey Hale	1850 SW Bellevue Ave	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34953	<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.)

I am simply amending principal address and Registered ~~agent~~ Agent Name to reflect my married name of Lindsey Hale and new business address. Please call with any questions. (772)631-0545

E. Effective date, if other than the date of filing: (same as 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 9/20/23

Lindsey Hale (formerly known as Lindsey Pulliam)  
Signature of a member or authorized representative of a member

Lindsey Hale

Typed or printed name of signee