# L12000144198

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T. HAMPTON

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

## WHITWORTH FARMS PARTNERS, 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:

ALAN J. MARCUS

Name of Person

ALAN J. MARCUS, ESQ.

Firm/Company

20803 BISCAYNE BOULEVARD, SUITE 301

Address

AVENTURA, FL 33180

City/State and Zip Code

ALAN@ALANJMARCUS.COM

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

For further information concerning this matter, please call:

ALAN J. MARCUS

 $_{at}\underbrace{305}_{937}\underbrace{-1800}$ 

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/COURIER ADDRESS:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SERBETARY OF STATE DIV X W OF OLDPORATIONS

12 DEC 13 AMIL: 35

#### WHITWORTH FARMS PARTNERS, 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 11/14/2012	and assigned
Florida document number L12000144198	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	, -	lorida
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manage or Managing Member being added or removed from our records:			of each Manager
MGR = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALAN MERKUR	4125 NW 88 AVENUE	Add
		SUNRISE, FL 33351	Remove
MGR	RAFI ZITVAR	15866 CHAMPION FOREST DRIVE	- Add
		SPRING, TX 77379	Remove
			Add
			Add
			Remove 12 OF SERVICE FILE Add: Remove 35 Add: Remove
			Add Remove

 ·	
 Dec 10	2012 / //
1	(MtM)

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Filing Fee: \$25.00