### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002521713)))



H160002621713ABCZ

Note: DO NOT hit the REFRESH/RRLOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOSARTH, P.A.

Account Number: 076077001702 Phone: (407)841-1200 Fax Number: (407)423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.\*\*

Email Address: inclson@westlakeproduce.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WESTLAKE MILLER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2016 DCT 12 AM 9: 09

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY OCT 13 2016

# (((H16000252171 3)))

#### **COVER LETTER**

Articles of	E MILLER, LLC  Name of Lir  Amendment and fee(a) are sultiple to the concerning this matter  STEPHEN R. LOONEY,  DEAN MEAD EGERTOR	r to the following:  ESQ.  Nume of Person	· · · · · ·	BOZARTH. P.A.
	Amendment and foc(s) are sulndence concerning this matter STEPHEN R. LOONEY,	bmitted for filing.  r to the following:  ESQ.  Name of Person  N BLOODWORTH CAP	· · · · ·	BOZARTH. P.A.
	STEPHEN R. LOONEY,	r to the following:  ESQ.  Name of Person  N BLOODWORTH CAP	OUANO & E	BOZARTH, P.A.
ili oarrespoi	Stephen R. Looney,	ESQ.  Name of Person  N BLOOD WORTH CAP	· · · · · · · · · · · · · · · · · · ·	BOZARTH, P.A.
		Name of Person  N BLOODWORTH CAP	OUANO & E	BOZARTH, P.A.
	DEAN MEAD EGERTO	N BLOODWORTH CAP	OUANO & E	BOZARTH, P.A.
	DEAN MEAD EGERTOR		OUAUO & E	BOZARTH, P.A.
		Firm/Company		
	420 S ORANGE AVENU	E. SUITE 700		
		Address		
	ORLANDO, FL 32801			
	inglson@westlakeproduce.	•		
			report notifica	ilion)
rmation co	ncerning this matter, please o	ait:		
LOONEY,	ESQ.			
Name of	erson	Area Code	Deythne To	elephone Number
neck for the	following amount:			
ng Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed.)
	Name of I	ORLANDO, FL 32801  jnelson@westlakeproduce.  E-meil eddress:  rmation concerning this matter, please of  LOONEY, ESQ.  Name of Person  neck for the following amount:  ing Fee   \$30.00 Filing Fee &	Address  ORLANDO, FL 32801  City/State and Zip Code jnelson@westlakeproduce.com  E-meil address: (to be used for future annual armation concerning this matter, please call:  LOONEY, ESQ.  Name of Person  Area Code  teck for the following amount:  ting Fee  \$30.00 Filing Fee & Certificate of Status  Certificate Or Status  Address  City/State and Zip Code	Address  ORLANDO, FL 32801  City/State and Zip Cods jnelson@westlakeproduce.com  E-mail address: (to be used for future annual report notified armation concerning this matter, please call:  LOONEY, ESQ.  Name of Person  Area Code  Deytime Total code and the code area of the code and the code area of the code and the code area of the code and the code and the code area of the code and the code and the code area of the code area of the code and the code area of the code and the code area of the code and the code area of the code area of the code and the code area of the code area of the code area of the code and the code area of the code area.

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 (((H16000252171 3)))

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



West Lake Miller, LLC	lteri Linbillev Comer (A Plorida Limited	my sa ii now appe Liability Company	arn on our records.)		
The Articles of Organization for this Limited I Florida document number L00000Q10572	Liability Company	were filed on 0	9/01/2000 and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited linb	Hity company l	ere:		
The new name must be distinguishable and contain the	supports "I imple of 1 intel	lim Commons 21 the	designation #11 (** on the abbraviation #11 (**)		
<del>-</del>		- , ,,	EET, N.W., SUITE 302		
Enter new principal offices address, if appli ( <i>Principal office address MUST BE A STRE</i> )		WINTER HA	VEN, PL 33881		
Enter new mailing address, if applicable;		141 5TH STR	BET, N.W., SUITE 302		
fatling address MAY BE A POST OFFICE BOX		WINTER HAVEN, PL 33881			
		<del></del>			
B. If amending the registered agent and registered agent and/or the new registered of			n our records, <u>enter the name of the new</u>		
Name of New Registered Agent:	WAYNE D. GI	DDINGS			
New Registered Office Address:	141 5TH STREET, N.W., SUITE 302				
		rida street address			
	WINTERHAV		, Florida <u>33881</u>		
		Cky	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.

hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

## (((H16000252171 3)))

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

Title	Name	Address	Type of Action
MOR	WILLIAM C. BROOKS	P.O. BOX 2184	
		IRWINDALE, CA 91706	Remove
			□ Change
MOR	JEFF A. MILLER	P.O. BOX 2184	
		IRWINDALE, CA 91706	■ Remove
			☐ Change
MGR	WESTLAKE DISTRIBUTORS IN	P.O. BOX 2184	□ Add
		IRWINDALE, CA 91706	■ Remove
			Change
<del></del>			D Add
<b></b>			Change
			□ Add
			□ Remove
			Change

Page 2 of 3 (((H16000252171 3)))

ARTICLE 2 - ADDRESS  The address of the principal office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302  WINTER HAVEN, FL 33881  ARTICLE 4 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 4 - MANAGEMENT  The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es)  of such manager(s) is/are: WAYNE D. GIDDINGS  141 5TH STREET N.W., SUITE 302, WINTER HAVEN, FL 33881  ARTICLE 5 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT  The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,  WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  tive date, if other than the date of filing:  (optional)  filective date in Street in this block does not meet the applicable startutory filing requirements, this date will not be listed ment'e effective date on the Department of State's records.			ition, enter change(s) CLES OF ORGANIZAT			, <i>ij necestar</i> OWS:	2016 OCT.
WINTER HAVEN, FL 33881  ARTICLE 4 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 4 - MANAGEMENT  The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es)  of such manager(s) is/are: WAYNE D. GIDDINGS  141 5TH STREET N.W., SUITE 302, WINTER HAVEN, FL 33881  ARTICLE 5 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT  The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,  WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  **Etive date, if other than the date of filing:	ARTICL	2 - ADDRESS			<u> </u>		ATLATASS
ARTICLE 4 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 4 - MANAGEMENT  The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(ea)  of such manager(s) ta/are: WAYNE D. GIDDINGS  141 5TH STREET N.W., SUITE 302, WINTER HAVEN, FL 33881  ARTICLE 5 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT  The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,  WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  tive date, if other than the date of filing:  (optional)  (if the date insarted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	The addre	ss of the principal	office of this Limited Lie	ability Comper	ny is 141 5TH STRE	ET N.W., S	UITE 302
The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) is/are: WAYNE D. GIDDINGS  141 5TH STREET N.W., SUITE 302, WINTER HAVEN, FL 33881  ARTICLE 5 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS: ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT  The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302, WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  tive date, if other than the date of filing:  (optional) firstive 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, if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	WINTER	HAVEN, FL. 3388	1				
The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es)  of such manager(s) ta/are: WAYNE D. GIDDINGS  141 5TH STREET N.W., SUITE 302, WINTER HAVEN, FL 33881  ARTICLE 5 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT  The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,  WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  If the date, if other than the date of filing:  (optional)  firstive date, it other than the date of filing:  (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed that the offective date on the Department of State's records.  Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies.	ARTICLE	4 OF THE ARTIC	CLES OF ORGANIZAT	ION ARE AM	IENDED AS FOLL	ows:	
of such manager(s) is/are: WAYNE D. GIDDINGS  141 5TH STREET N.W., SUITE 302, WINTER HAVEN, FL 33881  ARTICLE 5 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT  The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,  WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  tive date, if other than the date of filing:  (optional)  filective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed mental effective date on the Department of State's records.	ARTICLE	4 - MANAGEME	INT				
ARTICLE 5 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT  The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,  WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  The date, if other than the date of filing:  (optional)  (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	The Limit	ed Liability Compr	iny is to be managed by	a manager or r	nanagers and the no	me(s) and ad	dress(es)
ARTICLE 5 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:  ARTICLE 5 - RECISTERED OFFICE AND REGISTERED AGENT  The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,  WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.	of such m	enager(s) is/are:	WAYNE D. GIDDINGS				
ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT  The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,  WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  etive date, if other than the date of filing:			141 5TH STRBET N.W.	., SUITE 302,	winter haven,	FL 33881	
The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,  WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  The date, if other than the date of filing:  (optional)  (if the 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.  (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	ARTICLE	5 OF THE ARTIC	LES OF ORGANIZAT	TON ARE AM	ENDED AS FOLL	ows:	
WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.  Trive date, if other than the date of filing:  (optional)  (if the date instrict in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	ARTICLE	5 - Registeret	OFFICE AND REGIST	TERED AGEN	1.		
tive date, if other than the date of filing:	The addres	ss of the registered	office of this Limited Li	ability Compa	ny is 141 5TH STR	EET N.W., 8	SUITE 302,
ffective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.  Scord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies	WINTER	HAVEN, FL 3388	1. The name of the ragis	stered agent at	that address is WAT	ME D. GID	DINGS.
	ffective date to the control of the date ment's effect ecord spec	is listed, the date must inserted in this blo tive date on the De cifies a delayed	the specific and cannot be p ock does not meet the ap- spertment of State's reco effective date, but	plicable statuk erda:	ory filing requireme	eyi after filing nts, this date	.) Pursuant to 605. will not be liste
		. 🗗 🔻		0 0			

Page 3 of 3

Typed or printed name of signee

Wayne D. Giddings

Filing Fee: \$25.00