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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN 11 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Wheelock Law Firm 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:

Eric Lee Bensen

Name of Person

The Wheelock Law Firm LLC

Firm/Company

7601 Della Drive, Suite 19

Address

Orlando, FL 32819

City/State and Zip Code

wheelocklawfirm@gmail.com

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

For further information concerning this matter, please call:

Eric Lee Bensen

Name of Person

at (407)

6485742

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 10 AM 10:16

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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**

The Wheelock Law Firm 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 January 10, 2002 and assigned
Florida document number L02000000814.

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 end with 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)

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: Eric Lee Bensen

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 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.

Eric Lee Bensen
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

<u>MGRM</u>	<u>Robert J. Wheelock</u>	<u>7601 Della Drive</u>	<input type="checkbox"/> Add
		<u>Suite 19</u>	<input checked="" type="checkbox"/> Remove
		<u>Orlando, FL 32819</u>	

<u>MGRM</u>	<u>Eric Lee Bensen</u>	<u>7601 Della Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 19</u>	<input type="checkbox"/> Remove
		<u>Orlando, FL 32819</u>	

_____ ☐ Add
 _____ ☐ Remove

_____ ☐ Add
 _____ ☐ Remove

_____ ☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated January 3

Signature of a member or authorized representative of a member

ERIC LEE BENSON
Typed or printed name of signee