

L 03000031730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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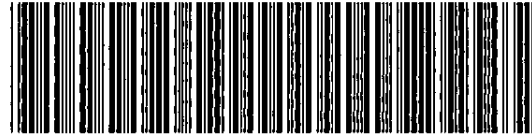
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 15 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Edweena 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:

Hugh Williams
Name of Person

Firm/Company

5472 1st Coast Highway, Suite One
Address

Fernandina Beach, FL 32034
City/State and Zip Code

hugh.williams@chaplinwilliams.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hugh Williams at (904) 753-1415
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
12 MAY 11 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Edweena 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 08/25/2003 and assigned
Florida document number L03000031730.

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)

5472 1st Coast Highway

Suite One

Fernandina Beach, FL 32034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5472 1st Coast Highway

Suite One

Fernandina Beach FL 32034

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:

Hugh E. Williams

New Registered Office Address:

5472 1st Coast Highway, Suite One

Enter Florida street address

Fernandina Beach

Florida

32034

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.

Hugh E. Williams

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christine M. Modie	409 Cedar Street Fernandina Beach, FL 32034	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RICHARD E. MODIE	409 Cedar Street Fernandina Beach, FL 32034	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CREEKSIDE PERSONAL PROPERTY TRUST, H.E. WILLIAMS, as trustee	96067 TARA GLEN LANE YULEE, FL 32097	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 8, 2012

Christine M. Modie

Signature of a member or authorized representative of a member

Christine M. Modie

Typed or printed name of signee



Signature:

Hugh E. Williams

Email: hugh.williams@chaplinwilliams.com