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| (Requestor's Name)                          |
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| (Address)                                   |
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| (City/State/Zip/Phone #)                    |
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| PICK-UP WAIT MAIL                           |
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| (Business Entity Name)                      |
|   |
| . (Document Number)                         |
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| Certified Copies t - Certificates of Status |
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| Special Instructions to Filing Officer:     |
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SECRETARY OF STATE
TALLAHASSEE, FIRBLE

D. BRUCE

AUG 0 3 2009

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| SUBJECT: Witten Commercial and Estates 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:   |  |  |  |  |  |
| Janice F. Whetstone Name of Person  |  |  |  |  |  |
| Whetstow Commercial and Estates LLC Firm/Company  |  |  |  |  |  |
| 100 Whetstone Place, Suite 100  |  |  |  |  |  |
| St. Augustine FL 32086 City/State and Zip Code  |  |  |  |  |  |
| Janue & whetstone commercial. com E-mail address: (to be used for future annual report notification)  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |
| Tanke F. Whetstone at 904, 392-334 & T  |  |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |  |
| \$25.00 Filing Fee \$ Certificate of Status  Certificate of Status  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  S60.00 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

| Whetstone Commercial a  | and Estates UC   |
|---|--|
| (Name of the Limited Liability Com<br>(A Florida Limite   | nnany as it now appears on our records.) ed Liability Company)   |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number L 0 40000 78 103         | any were filed on $10/27/04$ and assigned  |
| Tiorida document number   |  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited li   | liability company here:  |
| The new name must be distinguishable and end with the words "Li"  | imited Liability Company," the designation "LLC" or the abbrev   |
| Enter new principal offices address, if applicable:   |  |
| Principal office address MUST BE A STREET ADDRESS)  |  |
|   | LCC P  |
| Enter new mailing address, if applicable:   | TARY<br>ASSE   |
| Mailing address MAY BE A POST OFFICE BOX)   |  |
|   | ORIGINAL TO THE PROPERTY OF TH |
| 3. If amending the registered agent and/or registered existered agent and/or the new registered office address he | office address on our records, enter the name of the here:   |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
|   | Enter Florida street address   |
| ·   | City , Florida Zip Code  |
|   | 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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document 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 Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name                                   | Address  | Type of Act  |
|--------------|--|--|--------------|
| <u>mgr</u> m | Juanita C. Roberts                     | 100 Whetstone Place<br>Suite 100<br>St. Augustine, FL 3208 | Add V Remove |
|              |  |  | Add Remove   |
|              |  |  | Add          |
|              |  |  | Add Remove   |
|              |  |  | AddRemove    |
| <del></del>  |  |  | AddRemove    |
| D. If amendi | ng any other information, enter change | e(s) here: (Attach additional sheets, if necessar          | ry.)         |
|              |  | CRE ARYCLAHASSEE   | <u> </u>     |
|              |  | FLORID,  |              |
| Dated        |  |  |              |
| _            | Janus J. Wholim                        |  |              |
|              | Janice F. Whe                          | or authorized representative of a member                   |              |
| _            | Janice F. Whe                          | or printed name of signee                                  |              |

Page 2 of 2

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