

L 04000090698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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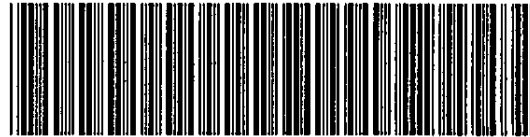
A

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2012

EXAMINER



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12/07/12--01035--003 **60.00

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12 DEC -7 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC 11 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Weatherbarriers Unlimited, 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:

Tere McWhirter

Name of Person

Weatherbarriers Unlimited, LLC

Firm/Company

9556 Historic Kings Road, Suite 413

Address

Jacksonville, Florida 32257

City/State and Zip Code

TereandClaude@aol.com

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

For further information concerning this matter, please call:

Kerry L. Murphy

Name of Person

at (**803**) **254-7091**

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Weatherbarriers Unlimited, 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 December 15, 2004
Florida document number L04000090698

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)

9556 Historic Kings Road, Suite 413
Jacksonville, FL 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9556 Historic Kings Road, Suite 413
Jacksonville, FL 32257

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:

Tere McWhirter

New Registered Office Address:

9556 Historic Kings Road, Suite 413

Enter Florida street address

Jacksonville

Florida

32257

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 Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

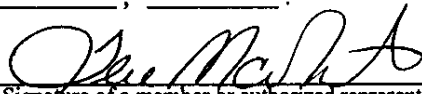
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Jeffrey T. Cain</u>	<u>1632 Sewee Fort Road</u>	<input type="checkbox"/> Add
		<u>Mt. Pleasant, SC 29466</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Skye Associates, LLC</u>	<u>Post Office Box 2192</u>	<input type="checkbox"/> Add
		<u>Camden, SC 29020</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Tere McWhirter</u>	<u>4757 Secret Harbor Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville, FL 32257</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>Claude McWhirter</u>	<u>4757 Secret Harbor Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville, FL 32257</u>	<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 _____, _____.



Signature of a member or authorized representative of a member

Tere McWhirter

Typed or printed name of signee

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Filing Fee: \$25.00