# Division of Corporations -

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : WHWW, INC.

Account Number : 120060000124

: (407)246-6584 Phone

: (407)645-3728 Fax Number

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### CENTRAL FLORIDA OUTDOORS, LLC

Certificate of Status Certified Copy 0 03 Page Count Estimated Charge \$25.00

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1/20/2009

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## COVER LETTER

то;	Registration S Division of Co	H090000133243					
SUBJE	CT:	Central Flori	lda Outdoors, LLC				
J		(Name of Limited Liability Company)					
(the end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please i	return all correspo	ondence concerning this matter	to the following:				
		н	arold L. Downing, Esquire (Name of Person)				
		····	Winter Park, FL 32789 (City/State and Zip Code)	The state of the s			
For furt	ther information (	concerning this matter, please c	all:				
Vanes							
	(Name	of Person)	(Area Code & Daytime T	elephone Number)			
Enclose	ed is a check for t	he following amount:					
<b>2 \$2</b> 5.	.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



	Central Florida Ou Liability Compan Florida Limited L	utdoors, LLC ny as it now appears on o liability Company)	pur records.)	
The Articles of Organization for this Limited L Florida document number L05000013093	iability Company 	were filed on February	8, 2005 and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
=	fleid Services, LL			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:	118 West Comstock Avenue		
(Principal office address MUST BE A STREE	(T ADDRESS)	Winter Park, FL 32789		
Enter new mailing address, if applicable:		118 West Comstock Avenue		
(Mailing address MAY BE A POST OFFICE	BOX)	Winter Park, FL 32789		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	-		ecords, <u>enter the name of the ne</u> w	
New Registered Office Address:	390 North Ora	ange Avenue, Suite 150		
		(Enter F	lorida street address)	
	Orlando	(Clty)	, Florida 32801 (Zip Code)	
		(City)	(Lip 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 (WHWW) company has been notified in writing of this change.

> (If Changing Registered Agent, Signature of New Registered Agent) Harold L. Downing, Vice President Page 1 of 2

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MGRM = Managing Member

MGR = Manager

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:

<u> </u>	<u>Name</u>	Address	Type of Action
MGR	John T. Skolfield, III	118 West Comstock Avenue Winter Park, FL 32789	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D, Ilame	•	of Manager, Anthony B. Rizzo, to "118	
- -		Park, Florida 32789".	09 JAN 20 AM SECRETARY OF TALLAMASSEE F
Dated	Signature of	a member or authorized representative of a member	8: 23 STATE LORIDA
		Anthony B. Rizzo	<del>,</del>

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