L05000050584

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(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
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TO: Registration Section Division of Corporations

SUBJECT: Master Investing 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:

Mark Allen Whaley

(Name of Person)

Master Investing LLC

(Firm/Company)

(Address)

1899 Reserve Blvd

Gulf Breeze, Florida 32563

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Allen Whaley

(Name of Person)

Enclosed is a check for the following amount:

☑ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

at (850) 598-0745

■\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ł



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2008

MARK ALLEN WHALEY P.O. BOX 5806 NAVARRE, FL 32566

SUBJECT: MASTER INVESTING, LLC Ref. Number: L05000050584

We have received your document for MASTER INVESTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 008A00034024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Master Investing LLC	•
(Name of the Limited Liab	ility Company as it now appears on our records.)
(A Flori	da Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>May 20, 2005</u> and assigned Florida document number <u>L05000050584</u>.

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."	Port	20
	ALI	

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)

1899 Reserve Blvd	SECKE	NUL BOOM	Π
Gulf Breeże, Florida 32563	TA: AS:		
	En c		m
PO Box 5806	F STAT	D 12: 2	D
Navarre, Florida 32566	DA	σ	

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:		·····
New Registered Office Address:	(Enter Flori	da 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mrs.	Amy Lynn Whaley	114 21st Street Niceville, Florida, 32578	Add Remove
<u></u>			Add Remove
<u></u>			Add Remove
999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1 999 - 199			Add Remove
			Add Add Add Remove
D. If amend	ing any other information, ente	er change(s) here: (Attach additional sheets, i	
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	·····		
Dated May 27	,	, 2008 Mark Allon Whiley	
	Signature of a	a member or authorized representative of a membe	r
	Mark Allen Wha	lley	<u></u>
		Typed or printed name of signee	
		Page 2 of 2	
		Filing Fee: \$25.00	