L05000090008

(Re	questor's Name)		
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	_ Certificate	es of Status		
Special Instructions to	Filing Officer:	9/0/22		
NC				





500076135455

06/19/06--01024--014 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED FILED

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Whibbs Real Estate Services, LLC (Name of Limited Liability Company)				
(came of Limite disease)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
John Coukle (Name of Person)				
Whibbs Real Estate Services, LLC	2			
4400 Byon Blod. Svite # 24				
Pensacola FL. 32503 (City/State and Zip Code)				
For further information concerning this matter, please call:				
John Conkle at (850) 969-9001 (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 & Certificate of Status & Certified Copy (additional copy is enclosed) 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

Whibbs Real Estate Services, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 9-16-2005 and assigned document number L05000096008	
SECOND:	This amendment is submitted to amend the following:	
	Name Change:	
	I would like to change the	
	name of the LLC to:	
	Gulf Winds Realty, LLC	
	- \\1.	
Dated $\overline{\mathcal{J}}$	me 161/2, 2006.	
	Manager The Planager	~»
	Signature of a member or authorized representative of a member	A
	Signature of a member or authorized representative of a member	巴達
	John Conkle	
	Tohn Conkle Typed or printed name of signee Typed or printed name of signee	
	D 0	

Filing Fee: \$25.00