

LD5000117374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

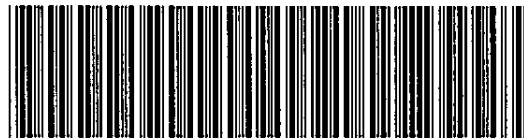
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

FEB 24 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weik Enterprises, 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:

Lynn Melton

Name of Person

Weik Enterprises LLC

Firm/Company

26 Pinecrest Plaza #126

Address

Southern Pines, NC 28387

City/State and Zip Code

lmelton7625@gmail.com

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

For further information concerning this matter, please call:

Lynn Melton

Name of Person

at (910) 638-5349

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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FEB 21 2014

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Wolk Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/8/05 and assigned
Florida document number 605000117376.

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)

26 Pinecrest Plaza

126

Southern Pines, NC 28387

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

26 Pinecrest Plaza

126

Southern Pines, NC 28387

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 Florida 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 605, 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, 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>
MGRM	Michael Melton	26 Pinecrest Plaza #136	<input type="checkbox"/> Add
		Southern Pines NC	<input checked="" type="checkbox"/> Remove
		28387	
MGRM	Lynn Melton	26 Pinecrest Plaza #126	<input checked="" type="checkbox"/> Add
		Southern Pines, NC	<input type="checkbox"/> Remove
		28387	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 7, 2013.

Lynn P. Melton

Signature of a member or authorized representative of a member

Lynn P. Melton

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF COURT

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