

LD6000044202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

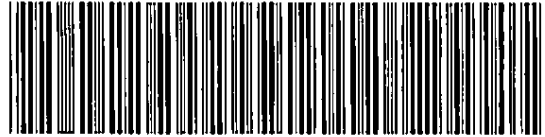
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T GLASS

JUN 24 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 817770 82866A

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 21, 2019

ORDER TIME : 2:57 PM

ORDER NO. : 817770-005

CUSTOMER NO: 82866A

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DOMESTIC AMENDMENT FILING

NAME: WEEKS MANAGEMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WEEKS MANAGEMENT, 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 April 28, 2006 and assigned  
Florida document number L06000044202

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

114 W. MAIN STREET

SUITE A

LAKELAND, FL 33815

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. BOX 2896

LAKELAND, FL 33806

**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: Julian J. Weeks

New Registered Office Address: 2329 Hollingsworth Hill

*Enter Florida street address*

Lakeland

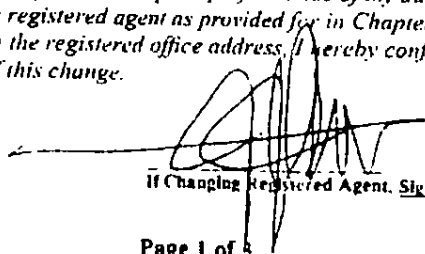
*City*

Florida 33803

*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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Julian J. Weeks	2329 Hollingsworth Hill	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Zena Weeks Hoskins	3223 West Harbor View Avenue	<input checked="" type="checkbox"/> Add
		Tampa, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres	James M. Weeks, Jr	3922 Cheverly Dr.	<input type="checkbox"/> Add
		Lakeland, FL 33813	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 20, 2019

-Signature of a member or authorized representative of a member

Julian J. Weeks  
Typed or printed name of signee

Typed or printed name of signee