107000029276

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2018

BRUCE P CULBERT 712 -A NORTH PINE ST GREEN COVE SPRINGS, FL 32043

SUBJECT: CULBERT & WHITTINGTON, L.L.C.

Ref. Number: L07000029276



We have received your document for CULBERT & WHITTINGTON, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 818A00005068





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Culbert & Whittington, LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on March 16, 2007	and a	ssigned
Florida document number L07000029276	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	~ ^ ^		
The new name must be distinguishable and contain the words "La		e abbreviation	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
			
Enter new mailing address, if applicable:			MAR 2
(Mailing address MAY BE A POST OFFICE BOX)			P40
		6 585	7
			9.
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ter the name	e of the nev
registered agent and/or the new registered office ad	tories nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida	Zip Cod	
	City	Lip Cod	e

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 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>	Address	Type of Action		
MGRM	Steven B Whittington	712 A North Pine St			
		Green Cove Springs, FL 32043	■ Remove		
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ffective date, if an effective date is Note: If the date ocument's effect	listed, the date minserted in this	iust be specifie a block does not	ing: and cannot be p t meet the app	prior to date of fi	iling or more tha ory filing requ	option 90 days after fil frements, this d	ing.) Pursuant to 6	05.0207 isted as
e record spec The 90th day	ifies a delayer after the re	ed effective ecord is filed	date, but d.	not an effe	ective time,	at 12:01 a.r	n. on the ear	lier of
ated March 6		\wedge	2018	<u></u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00