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S. HAWKES

OCT 1 5 2009

EXAMINER

## **COVER LETTER**

	on of Corpo			•	
SUBJECT: _		WHITAKER E	ENTERPRISES LLC		
		Name of Limit	ted Liability Company		
The enclosed A	articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return al	l correspond	ence concerning this matter	to the following:		
		WII	LIAM J WHITAKER III		
			Name of Person		
	WHITAKER ENTERPRISES LLC				
	Firm/Company				
	9645 Pecky Cypress Way				
			Address		
	Orlando, FL 32836				
			City/State and Zip Code		
		F-mail address: (1	wjw@cfl.rr.com o be used for future annual report	notification)	
For further info	rmation con	cerning this matter, please c		,	
	BILL \ Name of P	WHITAKER	at (321_)	388-6542 ytime Telephone Number	
	Name of t	o o o o o o o o o o o o o o o o o o o	med code de De	yanic receptone realises	
Enclosed is a cl	heck for the	following amount:			
\$25.00 Filir	ng Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)	
	Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITAKE	R ENTERPRISES	LLC
(Name of the Limited Liabil (A Florid	ity Company as it now app a Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	March 20, 2007 and assigned
Florida document number L07000029688	•	
This amendment is submitted to amend the following:		99.
A. If amending name, enter the new name of the li	mited liability company h	nere:
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	6F 0
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		n our records, <u>enter the name of the new</u>
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 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

MCD - Ma	nogor *	· 090Cr	, >60
MGRM = M	nager Ianaging Member	TALLASTAN	14 PH Is
<u>Title</u>	<u>Name</u>	a on our records, enter the title, name, and a mour records:  • 09007  Address	Type of Action
MGRM	WILLIAM J WHITAKER III	9645 Pecky Cypress Way Orlando, FL 32836	Add  Remove
MGRM	EVELYN C WHITAKER	9645 Pecky Cypress Way Orlando, FL 32836	Add Remove
MGRM	WILLIAM J WHITAKER IV	9645 Pecky Cypress Way Orlando, FL 32836	✓ Add Remove
<del></del>	·		AddRemove
			AddRemove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	ary.)
Dated	October 5		
	Signature of a thembe	or authorized representative of a member	
		lliam J Whitaker III	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00