## L0710000491035

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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06/20/08--01012--001 \*\*25.00

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**EXAMINER** 

Office Use Only

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Weik	Properties LLC		<b>±</b>
		ited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Greg Weik		
		(Name of Person)	
	Weik Properties LLC		
		(Firm/Company)	
	8613 Old Kings Road Sc		
المراجع والمحمد الماحد	· • • • • • • • • • • • • • • • • • • •	(Address)	
	Jacksonville, FL 32217	ar age year	ے <u>نے ہے۔</u>
		(City/State and Zip Code)	
For further information	n concerning this matter, please c	all:	
Greg Weik		at ( 904 ) 446-9765	
(Nan	ne of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	r 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2008 JUN 20 PM 1: 02

Weik Properties LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our retords.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on <u>05/09/2007</u>	and assigned
Florida document number <u>1.07000049635</u> . #		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	8613 Old Kings Road STE 502-	E
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32217	
Enter new mailing address, if applicable:	8613 Old Kings Road STE 502-	E
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32217	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida stree	et address)
	, Florid	
	(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)

f 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>	Address	Type of Action
MGRM_	Lisa Weik	1141 Kendall Town Blvd 4301 Jacksonville, FL 32225	Add7 Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.	<i>)</i>
_		IA L	ZDDB JUI
  Dated	6/18/08		JUN 20 PH 1: 02 CREMARY OF STATE
	Signature of a member	or or authorized representative of a member	O2
		or printed name of viance	<del></del>

Page 2 of 2

Filing Fee: \$25.00