

607000064559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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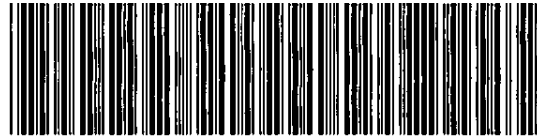
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09 NOV - 5 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS

NOV - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W W Acres, 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:

Joan M. Hartmann
(Name of Person)

~~Jo~~
(Firm/Company)

6635 Sunlit Lane
(Address)

New Port Richey, FL 34653
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan M. Hartmann at 727 845-8752
(Name of Person) (Area Code & Daytime Telephone Number)
MGRM

03 NOV -5 AM 11:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

W W Acres, 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 6/20/2007 and assigned
Florida document number L07000064559

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A (SAME Name, Not changing)

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Sharon Lynn Johnson

New Registered Office Address:

7005 Heath Drive

(Enter Florida street address)

Port Richey

(City)

Florida

34668

(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.

Sharon Lynn Johnson

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

State of Florida
County of Pasco

NOTARY PUBLIC-STATE OF FLORIDA
Christine A. Lutz
Commission #DD668830
Expires: JULY 04, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

On October 22, 2008 came before me Sharon
Lyn Johnson who is personally known
to me. Christine A. Lutz
Notary Public

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	Sharon Lynn Johnson	7005 Heath Drive Port Richey, FL 34668	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
63 NOV -5 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 10/13 / 2008

x Joan M. Hartmann
Signature of a member or authorized representative of a member

Joan M. Hartmann MGRM
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

State of Florida
County of Pasco
On October 12, 2008 came before me Joan
M Hartmann who is personally known to me.

NOTARY PUBLIC-STATE OF FLORIDA
Christine A. Lutz
Commission #DD668830
Expires: JULY 04, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

Christine A. Lutz
Notary public