L080000021652

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
·
Consideration As Silver Office
Special Instructions to Filing Officer:
A. LUNT
MAR 3 1 2008
EXAMINE:

Office Use Only



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03/12/08--01015--016 **25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2008

JACK WHITE 116 ORANGE AVE. DAYTONA BEACH, FL 32114

SUBJECT: THE WEATHERLY, L.L.C.

Ref. Number: L08000021652

We have received your document for THE WEATHERLY, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 508A00015526

COVER LETTER

\$ \$ T	COVER LETTER	4 6 4		
TO: Registration Section Division of Corpor				
SUBJECT:	Westerly LLC			
	(Name of Limited Liability Company)			
The enclosed Articles of Am	endment and fee(s) are submitted for filing.			
Please return all corresponde	nce concerning this matter to the following:			
-	Jack White (Name of Person)	-		
-	Sack White Land Company LL((Firm/Company)	-		
-	U6 Drange Ave.	_		
-	Dytana Scaul Fl 32114 Fr (City/State and Zip Code)	2000 MAR		
For further information conc		v M		
Jack White	e at (3%b) 627-77775			
Enclosed is a check for the fo	Sack White Land Company CCC (Firm/Company) Il Orange Ave. (Address) Scach Fl 32/14 LEE MAR 27 TO TO THE TARRY COde) further information concerning this matter, please call: Sack White (Name of Person) (Area Code & Daytime Telephone Number) Code and the code of the following amount:			
\$25.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie	ate of Status & ed Copy		

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

(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 $\frac{2/21/2008}{2000021652}$ and assigned Florida document number $\frac{L08000021652}{2000021652}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: No. 14. Cardiner, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia "L.L.C."	_ tion
B. If amending the registered agent and/or registered office address on our records, renter the name of the registered agent and/or the new registered office address here:	<u>iew</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)

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

<u> [itle</u>	<u>Name</u>	Address	Type of Action
			Remove
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			Add Remove
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			ASSEE
			FLORIDA S DAdd
			
). If amen 	ding any other information,	enter change(s) here: (Attach additional sheets, a	if necessary.)
			······································
 Dated			
	Signatur	e of a member or authorized representative of a member	er

Page 2 of 2

Filing Fee: \$25.00