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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WILBUR, SEAN AND CONNIE COOK 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:
CONNIE E. COOK (Name of Person)
WILBUR & SEAN And CONNIE COOK, LLC (Firm/Company)
6608 Sinisi DR (Address)
M7. DORA Florida 32757 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352) 735-0269 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

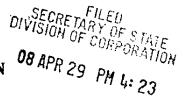
MAILING ADDRESS:

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



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(11 Ional Elimed Elability Company)	
The Articles of Organization for this Limited Liability Company were filed on	
Florida document number <u>LORODO 300 24</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrev	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrev "L.L.C."	iation
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	new
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>Name</u>	<u>Address</u>	Type of Actio
			Add Remove
			Add Remove
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			Add
			Remove
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f amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
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ed	Apr: 124-2008	ber or authorized representative of a member	<del>-</del>

Page 2 of 2

Filing Fee: \$25.00