## L08000080806

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	· · ·
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/7in/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Only State Elph, notice try
(Document Number)  Certified Copies Certificates of Status	PICK-UP,WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	•
Certified Copies Certificates of Status	(Document Number)
	,
	Certified Conies Certificates of Status
Special Instructions to Filing Officer:	Certified copies
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
· .	·
·	
	·

Office Use Only



700163118577

11/30/09--01022--014 \*\*25.00



C. LEWIS

DEC 1 2009

EXAMINER

## MELVILLE & SOWERBY, P.L.

ATTORNEYS AT LAW
LAUREL PROFESSIONAL PARK
2940 SOUTH 25th STREET
FORT PIERCE, FLORIDA 34981-5605

HAROLD G. MELVILLE\* DAVID N. SOWERBY\*\* TELEPHONE (772) 464-7900 FAX (772) 464-8220

\*BOARD CERTIFIED CIVIL TRIAL LAWYER AND BOARD CERTIFIED BUSINESS LITIGATION LAWYER

\*\*BOARD CERTIFIED REAL ESTATE LAWYER

November 24, 2009

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Articles of Amendment to Articles of Organization J & K Scott Properties, LLC to Whimsy, LLC Our File No. 8457.01

Dear Sir or Madam:

Enclosed are the Articles of Amendment for the captioned limited liability company.

Also enclosed is our check in the amount of \$25.00 for the filing fee.

Should you have any questions or require any additional information please contact us immediately.

Sincerely.

Nanette Passafiume

Legal Assistant to David N. Sowerby, Esq.

:np

Enclosures

## **COVER LETTER**

TO:	Registration Section Division of Corporation					
SHRIE	·CT·	J & K SCOTT	PROPERTIES, LLC			
SUBJE	Name of Limited Liability Company					
The end	closed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
	David N. Sowerby, Esq.					
	Name of Person					
		MELV	/ILLE & SOWERBY, P.L. Firm/Company			
			FiniteCompany			
		29	940 South 25th Street	<del></del>		
			Address			
		F	ort Pierce, FL 34981			
		DA POPE COLUMN	City/State and Zip Code			
		PATTY@LOVEDX E-mail address: (i	o be used for future annual report no	otification)		
For fur	ther information con-	cerning this matter, please c	all:			
	Nanette	Passafiume	at (_ 772 )	464-7900		
	Name of Po	erson	Area Code & Dayt	time Telephone Number		
Enclos	ed 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 enclose	Sed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registrati Division ( P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations 3		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 NOV 30 PM 3: 18

J&KSCO (Name of the Limited Liability (A Florida	TT PROPERTIES, y Company as it now appe Limited Liability Company	LLC FALL ars on our records.)	RETARY OF STATE AHASSEE. FLORIDA
The Articles of Organization for this Limited Liability  Florida document number L08000080806	Company were filed on	August 25, 2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	e <u>re</u> :	
V	VHIMSY, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:		······	
(Principal office address MUST BE A STREET ADD	RESS)	<u>-</u>	
			·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		·	
	E	Inter Florida street addr	ess
		, 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			[ ] D
<del></del>			Add Remove
<del></del>			Add Remove
			□ D amous
			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	sary.)
_			
			2009 NOV 30 SECRETARY
Dated	Patricia D Signature of a mer	Scott  mber or authorized representative of a member	mg 3 1
		PATRICIA D. SCOTT	STATE LORID

Page 2 of 2

Filing Fee: \$25.00