

10/08/2014 07:10 FAX

001/005

Division of Corporations

Page 1 of 1

LOG# 1018234

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000235906 3)))



H140002359063ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BARNES WALKER, CHARTERED
Account Number : 102371002705
Phone : (941) 741-8224
Fax Number : (941) 708-3225

FILED
2014 OCT -8 AM 9:05
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
14 OCT -8 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WERDA-HECAMIAT FISHING RESORT, LLC**

Certificate of Status	0
Certified Copy	1 <i>2</i>
Page Count	05
Estimated Charge	* 30.00 \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 09 2014
J. BRUCE

(((H14000235906 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WERDA-HECAMIAT FISHING RESORT, 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:

Brian M. Herron

Name of Person

Firm/Company

3401 Wilderness Blvd. W

Address

Parrish, FL 34219

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

FILED
2014 OCT - 8 AM 9:06
TALLAHASSEE, FL
REGISTRATION SECTION

For further information concerning this matter, please call:

Brian M. Herron

Name of Person

at

941 722-1957

Area Code

Daytime Telephone Number

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

(((H14000235906 3)))

(((H14000235906 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WERDA-HECAMIAT FISHING RESORT, 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 Feb. 23, 2009 and assigned
Florida document number L09000018234.

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 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:

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 605, 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

((H14000235906 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member

MGR Dianna C. Herron 3401 Wilderness Blvd., W ☒ Add
Parrish, FL 34219 ☐ Remove

 Add

☐ Remove☐ Add

 Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

2014 OCT -8 AM 9:00
☐ Remove
☐ Add
☐ Remove

7
8
9
10
11

10/08/2014 07:11 FAX
10/07/2014 17:34

941-723-6225

LEISURE PRODUCTS

005/005

PAGE 01

(((H14000235906 3)))

10/07/2014 11:30 FAX

001-001

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 2, 2014

Signature of a member or authorized representative of a member

Brian M. Herron, Manager

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 OCT -8 AM 9:06
CLERK OF STATE
TALLAHASSEE FLORIDA

(((H14000235906 3)))