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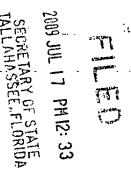
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T. CLINE

JUL 20 2009

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 56	FFT Willie P'S LLC	
	Name of Limited Liability Company	•
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	STEPHEN CLINTON WILLIS Name of Person	
	Attorney At Law Firm/Company	
	P.O. BOX 107Z Address Freeport, FL 32439 City/State and Zin Code	
	Address	
	Freeport, 1-L 32439	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con-		
STEPHER	rison Area Code & Daytime Telephone Number CAR Code & Cartificate of Status Cartificate Consultations of Cartificate Cartificate Consultations of Cartificate Consultations of Cartificate Cartificate Consultations of Cartificate Consultations of Cartificate Consultations of Cartificate Cartificate Consultations of Cartificate Cartificate Consultations of Cartificate Ca	7
Name of P	rson Area Code & Daytime Telephone Number	Parents.
		₹ 7₹1
Enclosed is a check for the	ollowing amount:	E.
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Scrifficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Registrati Division o P.O. Box	f Corporations Division of Corporations	
s wiimiluss	Tallahassee, FL 32301	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	OF ,		
SWEET Will	lie p's	LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appe	ars on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	3/11/09 and assigned	
Torida document number <u>L090000</u> 239 0	0	•	
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company h	ere:	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>		
		200 SE TAL	
		F 1	
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	- · ·	92 3	
Mailing address MAY BE A POST OFFICE BOX)		THE ILLE	
		F 57 72	
h ICamandhan da an tao la an tao la an tao	1 65 11		
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	ed office address on s here:	our records, enter the name of the new	
		•	
Name of New Paristand Assets			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	E	Enter Florida street address	
		, Florida	
	City	Zip Code	
ew Registered Agent's Signature, if changing Registered A	gent:		

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

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Type of Action** ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00