

L100000038471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400252530444

10/10/13--01017--008 \*\*25.00

FILED  
2017 OCT 10 PM 12:37  
CLERK OF STATE  
TALLAHASSEE FLORIDA

OCT 11 2013  
D. LUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WHISTLE CREEK, 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:

BRUCE N. SCHWEIZER

Name of Person

WHISTLE CREEK, LLC

Firm/Company

1002 SILVER PALM LN.

Address

MAITLAND, FL. 32751

City/State and Zip Code

SCOTCHTOM1@AOL.COM

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

For further information concerning this matter, please call:

BRUCE N. SCHWEIZER

Name of Person

at (407) 509-0623

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

2017 OCT 10 PM 12:37

FILED

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

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

WHISTLE CREEK, 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 4/8/2010 and assigned Florida document number L10000038471.

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)

1002 SILVER PALM LK  
MAITLAND, FL. 32751

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRUCE N. SCHWEIZER	1002 SILVER PALM LN. MAITLAND, FL 32751	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANGEL GERTH	1181 BUTTWOOD CIRCLE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
2017 OCT 10 PM 12:37  
FACILITY  
STATE  
FLORIDA

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

---

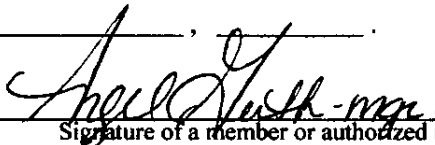
---

---

---

---

Dated 10/8/2013



Signature of a member or authorized representative of a member

ANGEL GERTH, MGR.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2017 OCT 10 PM 12:37  
CLERK OF STATE  
TALLAHASSEE FLORIDA