## 1000099314

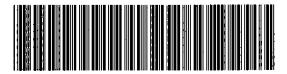
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
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G. MCLEOD

JUN 28 2011

**EXAMINER** 



400209357934

06/27/11--01035--014 \*\*25.00

11 JUN 27 PH 2: OC

## **COVER LETTER**

	houstions				
SUBJECT:	WNK E	nterprises, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspon	ndence concerning this matte	r to the following:			
		Wes Kempton			
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	V	VNK Enterprises, LLC			
		Firm/Company			
		PO Box 5798			
		Address	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	Ţ	allahassee, FL 32314			
		City/State and Zip Code	The transfer of the second devices and the se		
	Wnkenterprises@gmail.com  E-mail address: (to be used for future annual report notification)				
For further information co	oncerning this matter, please of	•	unication)		
We	s Kempton	at ( 850 )	491-1906		
Name of	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

	WNK Enter	orises, LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Li	were filed on	9/22/2010	and assigned	nd assigned	
Florida document number L10000099	314				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	n the words "Limi	ited Liability Compa	ny," the designation	"LLC" or the abbrev	viation
Enter new principal offices address, if applicable:		155 Porsche	Lane		
(Principal office address MUST BE A STREE)	<u>TADDRESS)</u>	Crawfordville	, FL 32327		a. a.
Enter new mailing address, if applicable:		PO Box 5798		27 PH	roughest
(Mailing address MAY BE A POST OFFICE BOX)		Tallahassee,	FL 32314	2: 00 57475	
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter</u>	the name of the	: new
Name of New Registered Agent:	Wes Kempt	on		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	155 Porsche	e Lane			
		Ent	er Florida street ad	ldress	
	Cr	awfordville	, Florida	32327	
		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>	Address	Type of Action
MGRM	Wes Kempton	PO Box 5798 Tallahassee, FL 32314	Add Remove
MGR	Mary Margaret Warren	362 Gulf Breeze Pkwy #176 Gulf Breeze, FL 32561	Add ☐ Remove
			Add Remove
			Add Remove 
			Add Remove
			Add Remove _
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	<del></del>
****			_
 Dated	June 24 2011		_
	( hala)	<del></del> ·	
<del></del>	Signature of a member or	authorized representative of a member	
	We Typed or	es Kempton printed name of signee	

Page 2 of 2

Filing Fee: \$25.00