L10000100998

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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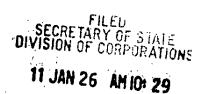
SECRETARY OF STATE

69. Culligan JAN 2 7 2011

COVER LETTER

TO: , Registration S Division of Co		r		
SUBJECT:	THE	WHIP, LLC		
	······································	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		MILISSA F STAGG		
		Name of Person THE WHIP, LLC.		
		Firm/Company		
11006 COUNTY RD 561 Address				
	Cl	LERMONT, FL. 34711		
		City/State and Zip Code		
	E-mail address: (1	EWHIPFL@AOL.COM to be used for future annual report notificat	ion)	
For further information	concerning this matter, please c	call:		
	ECCA WILLIAMS		51-4037	
Name	of Person	Area Code & Daytime T	elephone 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)	
	LING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TH	HE WHIP, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)		
		4		
The Articles of Organization for this Limited Liability (Company were filed on <u>SEP</u>	TEMBER 27, 2010 and assigned		
Florida document numberL10000100998	<u></u> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the wo	ords "Limited Liability Company	"," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
				
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		r records, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:	F	Elouida ofmot addunn		
	Enter Florida street address			
	City	, Florida Zip Code		
	cuy	Lip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MILISSA F. STAGG	11006 COUNTY RD 561 CLERMONT, FL, 34711	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
		May 7. The state of the state o	
_			FIL SION OF C
Dated	Milion y	though the right representative of a mamb ar	THED STATE CORPORATION 29
	Signature of a	member of authorized representative of a member MILISSA F. STAGG Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00