

NO000106972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

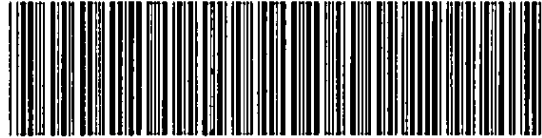
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400395876354

10/12/22--01021--007 \*\*60.00

FILED  
2022 OCT 12 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WEIBLING INSURANCE AGENCY, 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:

Patricia Weibling

Name of Person

Firm/Company

117 Westchester Lane

Address

Palm Coast, FL 32164

City/State and Zip Code

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

For further information concerning this matter, please call:

Patricia Weibling 386 931-8214  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

WEIBLING INSURANCE AGENCY, 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 10/13/2010 and assigned  
Florida document number L10000106972.

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 contain 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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth Weibling	117 Westchester Lane, Palm Coast, FL 32164	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Patricia Weibling	117 Westchester Lane, Palm Coast, FL 32164	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 OCT 12 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 5 2022

Unicella Grace D'Amico

Signature of a member or authorized representative of a member

Michella Grace D'Amico

Typed or printed name of signee

**Filing Fee: \$25.00**

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022031539

DATE ISSUED: FEBRUARY 16, 2022

## DECEDENT INFORMATION

DATE FILED: FEBRUARY 16, 2022

NAME: KENNETH MILES WEIBLING

DATE OF DEATH: FEBRUARY 11, 2022

SEX: MALE

AGE: 072 YEARS

DATE OF BIRTH: APRIL 11, 1949

SSN: \*\*\*-\*\*-1507

BIRTHPLACE: YOUNGSTOWN, OHIO, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: ADVENTHEALTH PALM COAST

LOCATION OF DEATH: PALM COAST, FLAGLER COUNTY, 32164

RESIDENCE: 117 WESTCHESTER LANE, PALM COAST, FLORIDA 32164, UNITED STATES

COUNTY: FLAGLER

OCCUPATION, INDUSTRY: OWNER/OPERATOR, INSURANCE AGENCY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: PATRICIA LOUISE DEAK

FATHER'S/PARENT'S NAME: DONALD MERRIL WEIBLING

MOTHER'S/PARENT'S NAME: GENE LOUISE JAMISON

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: PATRICIA LOUISE WEIBLING

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 117 WESTCHESTER LANE, PALM COAST, FLORIDA 32164, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JEANNA M PASSALAUQUA, F045088

FUNERAL FACILITY: CRAIG FLAGLER PALMS FUNERAL HOME F141685

511 OLD KINGS RD SOUTH, FLAGLER BEACH, FLORIDA 32136

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CRAIG-FLAGLER PALMS CREMATORY  
FLAGLER BEACH, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1727

DATE CERTIFIED: FEBRUARY 13, 2022

CERTIFIER'S NAME: FLOYD WHITFIELD WELLS

CERTIFIER'S LICENSE NUMBER: ME70827

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2023657843

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



**IN THE CIRCUIT COURT FOR THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR FLAGLER COUNTY, FLORIDA**

**PROBATE DIVISION  
FILE NO.: 2022 CP 000**

**IN RE: ESTATE OF  
  
KENNETH MILES WEIBLING  
deceased.**

**PETITION FOR ADMINISTRATION  
(intestate Florida resident -- single petitioner)**

Petitioner, **PATRICIA L. WEIBLING**, alleges:

1. Petitioner has an interest in the above Estate as the Wife of Decedent, **KENNETH MILES WEIBLING**. Petitioner's address is 117 Westchester Lane, Palm Coast, Florida 32164 and the name and office address of Petitioner's attorney are set forth at the end of this Petition.
2. Decedent, **KENNETH MILES WEIBLING**, Married with two children who are the joint children of Decedent and his wife, whose last known address was 117 Westchester Lane, Palm Coast, Florida 32164, whose age was 72 and the last four digits of whose social security number are 1507, and who died on February 11, 2022 at 1727 hours. Decedent's death occurred at Advent Health Palm Coast, Florida, he was domiciled in Flagler County, Florida and he died intestate.
3. So far as is known, the names of the beneficiaries of this Estate and of the Decedent's surviving spouse, if any, their addresses and relationships to Decedent, and the years of birth of any who are minors, are:

NAME	ADDRESS	RELATIONSHIP
PATRICIA L. WEIBLING	117 Westchester Lane Palm Coast, Florida 32164	Wife (of age)

4. Venue of this proceeding is in this county because Decedent was a resident of Flagler County, Florida.

5. PATRICIA L. WEIBLING, whose address is 117 Westchester Lane, Palm Coast, Florida 32164, is qualified to serve as Personal Representative of Decedent's estate because she has not been convicted of a felony, is mentally and physically able to perform the duties of personal representative, is 18 years of age or older, and is a resident of Florida or, if not a Florida resident, is related to the decedent as Wife and is qualified to serve as personal representative under the provisions of Florida Statutes, section 733.304.

6. Petitioner has not been convicted in any state or foreign jurisdiction of abuse, neglect or exploitation of an elderly person or a disabled adult, as those terms are defined in Florida Statutes section 825.101.

7. Strike each statement that is not applicable:

a. No person has equal or higher preference to be appointed personal representative.

~~b. The following person(s) has/have equal or higher preference to be appointed personal representative and will/will not be served formal notice of this petition: NONE~~

8. The nature and approximate value of the assets in this Estate are:

ASSET	APPROXIMATE VALUE
Business in Deland, Florida	\$180,000.00

9. This Estate will not be required to file a federal Estate tax return.

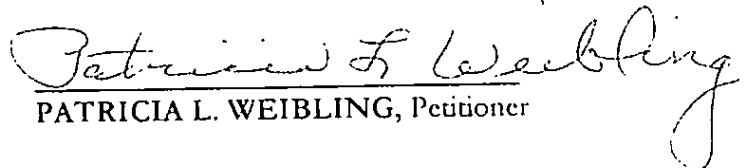
10. After the exercise of reasonable diligence, petitioner is unaware of any unrevoked wills or codicils of decedent.

11. Domiciliary or principal probate proceedings are not known to be pending in another state or country.

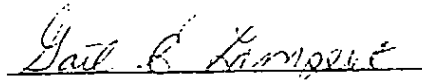
Petitioner requests that **PATRICIA L. WEIBLING**, be appointed Personal Representative of the Estate of the Decedent, **KENNETH MILES WEIBLING**.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on this 7<sup>th</sup> day of April 2022.

  
**PATRICIA L. WEIBLING**, Petitioner

**GAIL LAMPERT LAW P.A.**

  
**GAIL E. LAMPERT, ESQ.**  
Attorney for Petitioner  
Email: [gail@gaillampertlaw.com](mailto:gail@gaillampertlaw.com)  
Florida Bar #789844  
2561 Moody Blvd., Ste. 202  
Flagler Beach, FL 32136  
386-439-0190

**IN THE CIRCUIT COURT FOR THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR FLAGLER COUNTY, FLORIDA**

**PROBATE DIVISION  
FILE NO.: 2022 CP 000**

**IN RE: ESTATE OF  
KENNETH MILES WEIBLING  
deceased.**

**OATH OF PERSONAL REPRESENTATIVE AND  
DESIGNATION AND ACCEPTANCE OF RESIDENT AGENT**

**STATE OF FLORIDA  
COUNTY OF FLAGLER**

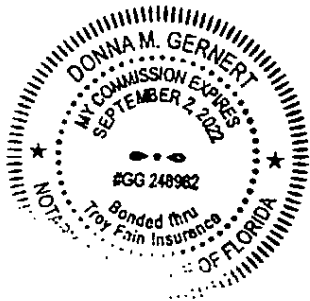
**I, PATRICIA L. WEIBLING, Affiant, states under oath that:**

1. I am qualified within the provisions of Florida Statutes Sections 733.302, 733.303 and 733.304 Florida Statutes, to serve as Personal Representative of the Estate of **KENNETH MILES WEIBLING**, deceased. I have reviewed the statutes and understand the qualifications. Under penalties of perjury, I certify that the following statements are true:
  - a. I am 18 years of age or older.
  - b. I have never been convicted of a felony.
  - c. I have never been convicted in any state or foreign jurisdiction of abuse, neglect, or exploitation of an elderly person or a disabled adult, as those terms are defined in section 825.101 of Florida Statutes
  - d. I am mentally and physically able to perform the duties of personal representative.
  - e. I am a resident of the State of Florida.
2. I will faithfully administer the Estate of the Decedent according to law.
3. My place of residence is 117 Westchester Lane, Palm Coast, Florida 32164 and my post office address is the same.

4. I will promptly file and serve a notice on all interested persons at any time I know that I would not be qualified for appointment and will include the reason I would not then be qualified and the date on which the disqualifying event occurred.
5. I will file and serve a notice within 20 days on all interested persons, in the event there is a change in my residence address, street address, or mailing address.
6. I hereby designate Gail E. Lampert, who is a member of The Florida Bar, who is a resident of Flagler County, Florida, whose office address is 2561 Moody Blvd., Ste. 202, Flagler Beach, FL 32136 and whose post office address is 2561 Moody Blvd., Ste. 202, Flagler Beach, FL 32136 as my agent for the service of process or notice in any action against me, either in my representative capacity, or personally, if the personal action accrued in the administration of the estate.
- 7.

Patricia L. Weibling  
PATRICIA L. WEIBLING, Affiant

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, on April 7, 2022, by Affiant, who is personally known to me \_\_\_\_\_ or who produced Florida Driver's License as identification.



Donna M. Gernert  
DONNA M. GERNERT  
Notary Public—State of Florida  
My Commission Expires: Sept. 2, 2022  
My Commission Number is: GG248982

### ACCEPTANCE

I CERTIFY that I am a permanent resident of Flagler, County, Florida, and my office address is as indicated above. I hereby accept the foregoing designation as Resident Agent.

Signed on April 7, 2022

Gail E. Lampert  
GAIL E. LAMPERT, ESQ., Resident Agent

**IN THE CIRCUIT COURT FOR THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR FLAGLER COUNTY, FLORIDA**

**PROBATE DIVISION  
FILE NO.: 2022 CP 000**

**IN RE: ESTATE OF**

**KENNETH MILES WEIBLING,  
deceased.**

**LETTERS OF ADMINISTRATION  
(single personal representative)**

**TO ALL WHOM IT MAY CONCERN:**

**WHEREAS, KENNETH MILES WEIBLING**, a resident of Flagler County, Florida, died on February 11, 2022, owning assets in the State of Florida, and

**WHEREAS, PATRICIA L. WEIBLING** has been appointed Personal Representative of the Estate of the Decedent and has performed all acts prerequisite to issuance of Letters of Administration in the Estate.

**NOW, THEREFORE, I**, the undersigned Circuit Judge, declare **PATRICIA L. WEIBLING** duly qualified under the laws of the State of Florida to act as Personal Representative of the Estate of **KENNETH MILES WEIBLING**, deceased, with full power to administer the Estate according to law; to ask, demand, sue for, recover and receive the property of the Decedent; to pay the debts of the Decedent as far as the assets of the Estate will permit and the law directs; and to make distribution of the Estate according to law.

**IN THE CIRCUIT COURT FOR THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR FLAGLER COUNTY, FLORIDA**

**PROBATE DIVISION  
FILE NO.: 2022 CP 000**

**IN RE: ESTATE OF**

**KENNETH MILES WEIBLING,  
Deceased.**

**ORDER APPOINTING PERSONAL REPRESENTATIVE  
(intestate - single)**

On the Petition of **PATRICIA L. WEIBLING** for administration of the Estate of **KENNETH MILES WEIBLING**, deceased, the court finding that Decedent died on February 11, 2022, and that **PATRICIA L. WEIBLING** is entitled to appointment as Personal Representative by reason that she is the Wife of the Decedent, and is qualified to be Personal Representative, it is

**ADJUDGED** that **PATRICIA L. WEIBLING** is appointed Personal Representative of the Estate of the Decedent, and that upon taking the prescribed oath, filing designation and acceptance of resident agent, and posting bond in the sum of \$\_\_\_\_\_, letters of administration shall be issued.