## L11000037428

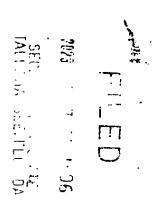
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## **COVER LETTER**

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TO:

Registration Section Division of Corporations

SUBJECT: PAPA WH	EELEE BAND LLC					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	LINDA L HAYES					
		Name of Person				
		Firm/Company				
	2259 DOULTON DR					
		Address		SE	7025	
	ORLANDO FL 32812	City/State and Zip Code		- <del></del>		- 1
				<u>}</u>	-1	 
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notificat all:	ion)		_	$\overline{\Box}$
LINDA L HAYES		407 394-8362		40,	)6	
Name c	of Person	at () Area Code Daytime Te	lephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certificat Certified (additional	le of Sta Copy	tus &	
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe Se	rations ahassee	10		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000037428</u> .	were filed on <u>03/28/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		4 1 -
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records. enter	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	38
		lorida
	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>	Name	Address	Type of Action
AMBR	DAVID B HAYES	2259 DOULTON DR ORLANDO FL 32822	■Add
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			□Change
			□Add
			□Remove
			□Change
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