

L11000131062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 12 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHISPERING PINES HUNTING CLUB 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:

HUEY SWIGER
Name of Person

WHISPERING PINES HUNTING CLUB LLC
Firm/Company

5228 ROWE TRAIL
Address

PACE FL 32571
City/State and Zip Code

IMAGE by LEE @ BELL SOUTH . NET OR
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IMAGE by LEE @ ATT. NET

DAVID SNELLGROVE at (850) 291-2832
Name of Person MGRM Area Code & Daytime Telephone 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)
- + 5.00 for Cert of status

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

FILED
11 DEC -9 PM 1: 11
STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WHISPERING PINES HUNTING CLUB 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 NOV 17, 2011 and assigned Florida document number L 11000131062

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A.

STATE
FALLAHOUSE, FLORIDA
11 DEC - 9 PM 14: 11

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:

N/A

New Registered Office Address:

N/A

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.

N/A.

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

Title	Name	Address	Type of Action
MGRM	Philip ^{E.} RENFROE	1835 W 9 1/2 MILE RD CANTONMENT, FL 32535	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John Michael ROBERTS	3381 STRATFORD LANE PACE, FL 32571	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LOVEL (BUDDY) HAND	4520 HAYES ROAD MILTON, FL 32503	<input checked="" 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

TALLAHASSEE
 STATE
 11:00-9 PM 4:11
 2011

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

N/A

Dated 06 December, 2011

Huey Sweger MGR
Signature of a member or authorized representative of a member

HUEY SWEGER
Typed or printed name of signee