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COVER LETTER

	Registration Section Division of Corpo			* .
SUBJE	CT:	Awakening	Resources, LLC	
20202	<u> </u>		ted Liability Company	
		nendment and fee(s) are sub lence concerning this matter		
			Laura Lang	
			Name of Person	
			Brewer Jackson	
			Firm/Company	
5201 No			orth O'Connor Blvd Suite 500	
			Address	
			Irving, TX 75039	
			City/State and Zip Code	
		E-mail address: (1	tion)	
For furt	her information con	cerning this matter, please c	all:	
	Lau Name of P	ura Lang	at (972) 8 Area Code & Daytime 1	70-9898
	Name of P	erson	Area Code & Daytime	elephone Number
Enclose	d 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)
MAILING ADDRESS: Registration Section		STREET/COURIE	R ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AWAKENING RESOURCES, 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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Weems Group, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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 ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
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.

Page 1 of 2

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>	Address	Type of Action
MGR	Linda Riddle	10302 Deerwood Park Blvd #104 Jacksonville, FL 32256	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	<i>)</i>
	January 25 20	012 . ¬	<u> </u>
Dated	No.	er or authorized representative of a member	·
-	Laura	Lang, Attorney in Fact	

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Filing Fee: \$25.00