L12000009387

| (Re | equestor's Name) | |
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| (Ad | dress) | , |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| · (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | : |
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B. BOSTICK

JUN - 7 2012

EXAMINER

TO: Registration Section Division of Corporations SUBJECT: WHALEY LL.C. 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: Keith Whaley Name of Person

For further information concerning this matter, please call:

Keith Whatey

at (407) 709-0708

Area Code & Davtime Telephone Number

-6 FH 1:2

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)

City/State and Zip Code

B-mail address: (to be used for fiture annual report notification)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

| | ·. | | | | |
|---|------------------------------|---------------------|--------------|-------------|-------------------|
| C E who | aley Hano | ch hh | | | |
| (Name of the Limited Liability C (A Florida Lin | ompany as it now appe | ars on our record: | <u>s.</u>) | | |
| (A Florida Lin | nited Liabuity Company) | , i 1 | | | |
| The Articles of Organization for this Limited Liability Con | | 1/20/12 | ar | nd assig | gned |
| Florida document number L120000 9387 | • | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limite | d liability company ho | ere: | | | |
| The new name must be distinguishable and end with the words 'L.L.C." | "Limited Liability Comp | pany," the designat | ion "LLC" o | r the ab | breviatio |
| Enter new principal offices address, if applicable: | | · | | | |
| Principal office address MUST BE A STREET ADDRE | SS) | | · · · · | | |
| | | | | 2 | |
| | | | 74 Marie 1 | | • • |
| | | | 10 to | 1 | * [** v |
| Enter new mailing address, if applicable: | | | 03:5. 70: | <u></u> | Fe ⁿ . |
| Mailing address MAY BE A POST OFFICE BOX) | | | | 3 | <u> </u> |
| | | | 5 | ** | |
| | · . | • | €:: | 2 | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addresses | | our records, er | iter the na | me of | the nev |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| | | , Floric | | | |
| | City | | Zip | Code | |
| New Registered Agent's Signature, if changing Registered A | 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 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 **Title** Address **Type of Action** Name .90 Indianola Hd Keith Whaley Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove $\prod Add$ Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00