## L120000323//

|                     | (Requestor's Name)       |
|---------------------|--------------------------|
|                     | (Address)                |
|                     | (Address)                |
|                     | (City/State/Zip/Phone #) |
| PICK-U              | P WAIT MAIL              |
|                     | (Business Entity Name)   |
|                     | (Document Number)        |
| Certified Copies    | Certificates of Status   |
| Special Instruction | s to Filing Officer:     |
|                     | A. LUNT                  |

Office Use Only

OCT 23 2012

**EXAMINER** 



900241041289

10/22/12--01030--004 \*\*25.00



## **COVER LETTER**

TO:

| TO:         | Registration S<br>Division of Co |  |  |  |
|-------------|----------------------------------|--|--|--|
| SUBJE       | CT:                              | When, Wh   | at & Where, LLC  |  |
|             | •                                | <del></del>  | ted Liability Company  |  |
| The end     | closed Articles of               | Amendment and fee(s) are sul   | omitted for filing.  |  |
| Please 1    | return all corresp               | ondence concerning this matter   | to the following:  |  |
|             |                                  |  | Michael T Burke Name of Person   |  |
|             |                                  | Wh   | en, What & Where, LLC  |  |
|             |                                  |  | Firm/Company   |  |
|             | ٠                                |  | 971 Goldsby Rd Address   |  |
|             |                                  | Sont   |  | 571  |
|             |                                  | San  | a Rosa Beach, FL 32459 City/State and Zip Code   |  |
|             |                                  | E-mail address: (  | heroffice.eb@gmail.com to be used for future annual report notification)   | AFIZ DCF 22  |
| For fur     | ther information                 | concerning this matter, please of  | •  | E IT   |
| ·-··· ,- ,- |                                  | chael T Burke  | at ( 850 ) 830-870   |  |
|             | Name                             | of Person  | Area Code & Daytime Telephone  | Number   |
| Enclose     | ed is a check for                | the following amount:  |  |  |
| \$25.       | .00 Filing Fee                   | \$30.00 Filing Fee & Certificate of Status   | Certified Copy (additional copy is enclosed)   | 0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed) |
|             | Regist<br>Divisi<br>P.O. E       | LING ADDRESS:<br>tration Section<br>on of Corporations<br>Box 6327<br>tassee, FL 32314 | STREET/COURIER ADDR<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circle<br>Tallahassee, FL 32301 |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| When, W  | Vhat & Where, LLC                                      |                         | <del> </del>                                 |
|--|--|-------------------------|--|
| (Name of the Limited Liability<br>(A Florida I   | Company as it now appear<br>Limited Liability Company) | s on our records.       |  |
| The Articles of Organization for this Limited Liability C  | ompany were filed on                                   | 3/7/2012                | and assigned                                 |
| Florida document numberL12000032311  | <del></del> -  |                         |  |
| This amendment is submitted to amend the following:  |  |                         |  |
| A. If amending name, enter the new name of the lim   | ited liability company her                             | <u>e</u> :              |  |
|  | n/a  |                         |  |
| The new name must be distinguishable and end with the wor "L.L.C."                               | ds "Limited Liability Compa                            | ny," the designatio     | on "LLC" or the abbreviation                 |
| Enter new principal offices address, if applicable:  |  | n/a                     |  |
| (Principal office address MUST BE A STREET ADDI  | (ESS)  |                         | <b>2</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
|  |  |                         | 37 8 77                                      |
|  |  |                         | 122 T  |
| Enter new mailing address, if applicable:  |  | n/a                     |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                         | E 60   |
|  |  |                         |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |  | our records, <u>ent</u> | er the name of the new                       |
| Name of New Registered Agent:  | n/a  |                         |  |
| New Registered Office Address:   |  |                         |  |
| · · · · · · · · · · · · · · · · · · ·  | Enter Florida street address , Florida                 |                         |  |
|  |  |                         |  |
| -  | City   | <del></del>             | 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.

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 |                                     |   |                |  |  |
|--------------------------------------|-------------------------------------|---|----------------|--|--|
| <u>Title</u>                         | <u>Name</u>                         | Address   | Type of Action |  |  |
| MGRM                                 | Jose S. Hernandez                   | 1509 Fairland Ave - 12<br>Panama City, FL 32405       | Add Remove     |  |  |
| <u>MGRM</u>                          | Reynaldo Cedillo                    | 2607 Grant Ave - Lot B3 Panama City, FL 32405         | ✓ Add ☐ Remove |  |  |
|                                      |                                     |   | Add<br>Remove  |  |  |
|                                      |                                     |   | Add Remove     |  |  |
|                                      | -                                   |   | Add Remove     |  |  |
| <del> </del>                         |                                     |   | Add Remove     |  |  |
| D. If amend                          | ling any other information, enter c | hange(s) here: (Attach additional sheets, if necessar | y.)<br>        |  |  |
|                                      |                                     |   | <del></del>    |  |  |
| Dated                                | October 17 ,                        | 2012 .  |                |  |  |
|                                      | Machael                             | ember or authorized representative of a member        |                |  |  |
|                                      | Signature of a m                    |   |                |  |  |
|                                      |                                     | Michael T.Burke Typed or printed name of signee       |                |  |  |

Page 2 of 2

Filing Fee: \$25.00