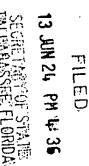
## #1/3000067622

Office Use Only



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K. SALY EXAMINER JUN 2 5 2013

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

WHIG ENTERPRISES, LLC

SUBJECT:

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:

**Gregg Davis** 

Name of Person

WHIG ENTERPRISES, LLC

Firm/Company

1485 Livingston Ln

Address

Jackson, MS 39213

City/State and Zip Code

rdurham4431@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregg Davis

ູ<sub>, 6</sub>01 ຸ983 1239

Name of Person

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)

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

FILED:

13 JUN 24 PM 14: 36

SECRETARY OF STATE
FALLMHASSEE FLORIO

## WHIG ENTERPRISES, 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 C	Company were filed on 5	108/2013 and assigned
Florida document number <u>L13000067622</u>	<u></u> ·	
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> :
WHIG ENTERPRISES, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		·····
New Registered Office Address:	En	ter 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.

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> MGR	Name Buddy Runnels	Address 4399 Commons Drive	Type of Action  Add
	<u> </u>	E. Suite 100 B	Add Remove
			Add
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove

amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
6/19/	2013
1/1+/////	
Jularal 1	Jan 1
	ture of a member or authorized representative of a member
Mitchell C Barrett	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00