

L14000127881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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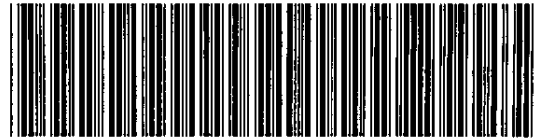
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 14 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WhoozeNext, 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:

Traverse or Carla Lippett

Name of Person

WhoozeNext, LLC

Firm/Company

1893 Sagebrook Drive

Address

Tallahassee, Florida 32303

City/State and Zip Code

whoozenext@gmail.com

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

For further information concerning this matter, please call:

Traverse or Carla Lippett at 407 272-9486 or (407) 572-2429
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

WhoozeNext, 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 August 14, 2014 and assigned
Florida document number L14000127881.

This amendment is submitted to amend the following:

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

WhoozeNext, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

939 West Tharpe Street

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, Florida 32303

Enter new mailing address, if applicable:

1893 Sagebrook Drive

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, Florida 32303

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:

Carla Adams Lippett

New Registered Office Address:

1893 Sagebrook Drive

Enter Florida street address

Tallahassee

, Florida 32303

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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Traverse Lippett	1893 Sagebrook Drive, Tallahassee	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Carla Lippett	1893 Sagebrook Drive, Tallahassee	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL 32310

16 SEP 1 11:53

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 7, 2016

Carl Anthony Spitt
Signature of a member or authorized representative of a member

Typed or printed name of signee