

L16000145624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

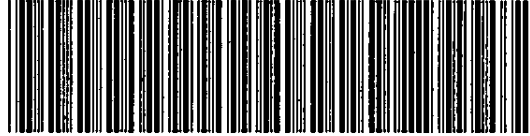
(Document Number)

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2016 SEP -6 P 3:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

SEP 08 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2016

CASEY WHATLEY  
507 10TH STREET  
PORT ST JOE, FL 32456

SUBJECT: WHATLEY FUNERAL SERVICES LLC  
Ref. Number: L16000145624

We have received your document for WHATLEY FUNERAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page 2 and 3, page 3 needs signature

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 116A00017208

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WHATLEY FUNERAL SERVICES 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:

CASEY WHATLEY

Name of Person

WHATLEY FUNERAL SERVICES LLC

Firm/Company

507 10TH STREET

Address

PORT ST JOE FL 32456

City/State and Zip Code

Hippo6463@AOL.COM

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

For further information concerning this matter, please call:

CASEY WHATLEY

Name of Person

at (706) 573-4023

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**

WHATLEY FUNERAL SERVICES 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 8.3.2016 and assigned Florida document number L16000145624.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

507 10TH STREET  
PORT ST JOE FL 32456

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

507 10TH STREET  
PORT ST JOE FL 32456

**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:

New Registered Office Address:

507 10TH STREET

Enter Florida street address

PORT ST JOE, Florida 32456

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

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TALLAHASSEE, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2016 SEP - 6 PM 3:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 30, 2016

Casey Whaley  
Signature of a member or authorized representative

CASEY WATLEY  
Typed or printed name.

FILED  
2018 SEP -6 P 3:25  
CLERK OF STATE  
ASST. FLORIDA