

L17000236275

Glen Schanley, Jr
(Requestor's Name)

Lot 2
(Address)

Green St
(Address)

Ft Walton Bch FL 32547
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

Waco Allums, LLC
(Business Entity Name)

L17000236275
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



100308586321

02/09/18--01013--003 **\$2.50

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18 MAR -5 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2018

JIM WHITFIELD
1620 W HWY 98
MARY ESTHER, FL 32569

SUBJECT: WACO ALLUMS L.L.C
Ref. Number: L17000236275

We have received your document for WACO ALLUMS L.L.C and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 318A00002917

RECEIVED
FEB 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Waco Allums 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:

Jim Whitfield
Name of Person

Waco Allums LLC
Firm/Company

1620 W Hwy 98
Address

Mary Esther, FL 32569
City/State and Zip Code

JM3005@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Whitfield at 850 585-3005
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input 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**

Waco Allums 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 _____ and assigned
Florida document number 17000236275

This amendment is submitted to amend the following:

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

WACO ALLUMS

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)

1620 W Hwy 98

MARY ESTHER

FL 32569

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

Jim Whitfield

New Registered Office Address:

1620 W Hwy 98

Enter Florida street address

MARY ESTHER

Florida

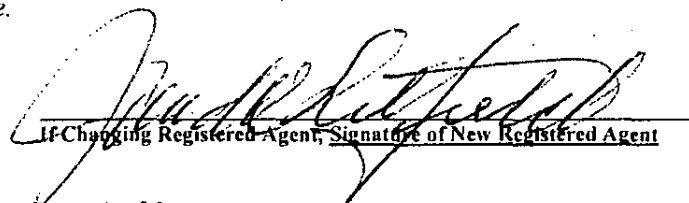
32569

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	Waco Allkins	11 Macy Ln, Mary Esther	<input checked="" type="checkbox"/> Add
		FL, 32569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Glenn Shouley	729 Green Street	<input checked="" type="checkbox"/> Add
		Lot 2	<input type="checkbox"/> Remove
		Ft Milton Beach, FL 32547	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECTION OF CIVIL
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

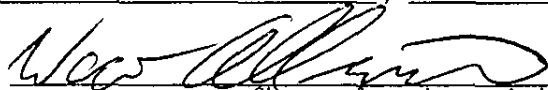
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3-5-18



Signature of a member or authorized representative of a member

Waco Allams

Typed or printed name of signee