

L18000260891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

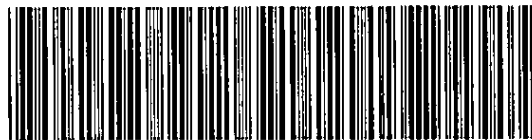
(Business Entity Name)

(Document Number)

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10/21/21--01017--013 \*\*30.00

FILED  
2021 OCT 21 AM 7:40  
CLERK OF STATE  
TALLAHASSEE, FL

A. BUTLER

NOV 01 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Whicher, 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:

Brian Whicher  
Name of Person

Whicher LLC  
Firm/Company

459 Laura Lane  
Address

Mount Dora, FL 32757  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brian Whicher 407 719-9900  
Name of Person at ( ) 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32304-6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
244 S. G. W. Ave.  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

Whicher, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

OCT 21 AM 7:41

The Articles of Organization for this Limited Liability Company were filed on 11/07/2018 and assigned Florida document number L18000260891.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Enter 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 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 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	Alexander E Whicher	459 Laura Lane	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jessica M Whicher	459 Laura Lane	<input checked="" type="checkbox"/> Add
		Mount Dora, FL 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

**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 10/18/2021

Bio. Mchich

Brian O Whicher

Typed or printed name of signee