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FILED 19 APR 29 AM 9: 58 SECILEIKAY OF STATE MULAHASSEEL FLORIDA

NAY 0 9 2019



COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:

LAWRENCE WHALEY ENTERPRISE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

BRENDA WOOD

Name of Person

AMERICAN ACCOUNTING

Firm/Company

4509 BEE RIDGE RD SUFTE C

Address

SARASOTA, FL 34233

City-State and Zip Code

INFO@AASRQ.NET

□ \$30.00 Filing Fee &

Certificate of Status

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

For further information concerning this matter, please call:

BRENDA WOOD

Name of Person

941 <u>371-0008</u> at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy caldmonal 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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAWRENCE WHALEY ENTERPRISE, LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ty as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000287758</u> .	were filed on <u>12-14/2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "EEC" or the abbreviation "E.E.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BON)</u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Earm El midro provident franc

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 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>	Name	Address	Type of Action
AMBR	SAMUEL WHALEY	2326 SABAL PALM DR	🖬 Add
*****		EDGEWATER, FL 32141	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

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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 . e Signature of a member or autopred representative of a member LAWRENCE WHALEY

Exped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00