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COVER LETTER

TO: Registration Se Division of Cor			
Whistling I			
SUBJEC1:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard P. Brown		
		Name of Person	
	Whistling Duck of the Sou	ith, LLC	
		Firm/Company	
	2124 Biller Circle		
		Address	
	The Villages, FL 32163		
	RPJLBrown@msn.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Richard P. Brown 1		443 994-2424 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres	ss;	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whistling Duck LLC						
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liab Florida document number <u>L22000501550</u>	ility Company 	were filed on No	vember 28,2022	an	d assign	ed
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	ne limited liab	ility company he	e <u>re</u> :			
Whistling Duck of the South LLC						
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the d	esignation "LLC" or the a	bbreviatio	n "L.L.C.	
Enter new principal offices address, if applicab	le:	NA		15.5 15.5 16.5 16.5 16.5 16.5 16.5 16.5)))	
(Principal office address MUST BE A STREET ADDRESS)					7	<u> </u>
				<u>- 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 </u>	Ĺ	
		NA	()	ົກ <i>™</i> <	ĸ _	ท
Enter new mailing address, if applicable:				7 S T	<u>, </u>	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				<u>~</u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address I Name of New Registered Agent:		address on our re	ecords, <u>enter the nar</u>	ne of the	e new re	gistered
Name of New Negative Agent.						
New Registered Office Address:		rs et	- 7			
		r,nier r ior	ida street address			
			, Florida			
		City		Zip C	ode	
New Registered Agent's Signature, if changing Reg	istered Agent;					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete red agent as p gistered office	performance of provided for in C	my duties, and I am Chapter 605, F.S. Or	familian , if this c	r with ai docume	nd

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
			□Add
			□ Remove
			Change
		Remove	
		□Change	
			□Add
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		Change	
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If amending any other informa		
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	be specific and cannot be prior to date of filing or more than 90 days after filin ck does not meet the applicable statutory filing requirements, this dat	g.) Pursuant to 605.0207 (3)(
he record specifies a delayed effectivord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T	he 90th day after the
Dated December 5	2022	
	·	
	Signature of a member or authorized representative of a member	
/	agnature of a member or authorized representative of a member	

Typed or printed name of signee