

L230000090315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

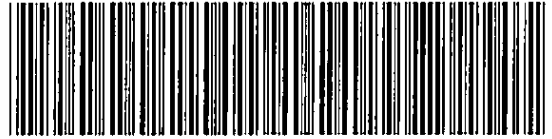
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JUN -6 PM 2:20  
SECRET  
JUN 7 2023

Y. SCOTT

JUN - 7 2023



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2023

LEE WHITWELL  
1802 HARTFORD PATH  
THE VILLAGES, FL 32162

SUBJECT: PKL EXPERIENCE, LLC  
Ref. Number: L23000090315

We have received your document for PKL EXPERIENCE, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 223A00011559

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Name Change from PKL Experience, LLC to Absolutely Pickled, 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:

Lee Whitwell

\_\_\_\_\_  
Name of Person

Absolutely Pickled, LLC

\_\_\_\_\_  
Firm/Company

1802 Hartford Path

\_\_\_\_\_  
Address

The Villages, FL 32162

\_\_\_\_\_  
City/State and Zip Code

ljwhitwell@gmail.com

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

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FILED

For further information concerning this matter, please call:

Lee Whitwell

619

985-2244

at ( )

\_\_\_\_\_  
Name of Person

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 Address:**

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**

PKI, Experience, 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 2/20/2023 and assigned  
Florida document number 123000090315.

This amendment is submitted to amend the following:

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

ABSOLUTELY PICKLED, LLC

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 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>
MANAG	Kim Bastien	1802 Hartford Path	<input type="checkbox"/> Add
		The Villages,	<input checked="" type="checkbox"/> Remove
		FL 32162	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 JUL -6 PM 2:20  
STATE  
SECRET

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

Please update email address from PKLExperience@gmail.com to LJWHITWELL@GMAIL.COM

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**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 MARCH, 15

2023

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

LEE WHITWELL

Typed or printed name of signee