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COVER LETTER

TO: Registration Division of C	Section Corporations		
	Vhistles LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	David Gerardi		
		Name of Person	
	Doc N Whistles LLC		
		Firm/Company	
	4032 Pegasus Way		<i>د</i> ،
		Address	ZEST.
	Naples, FL 34120		. :
		City/State and Zip Code	
	gerardi_dave@yahoo.com		·•·
	E-mail address: (to be used for future annual report not	ification)
For further informatio	n concerning this matter, please o	call:	
Jumes Sands		239 333-0486 at ()	
Nam	e of Person		ne Telephone Number
Enclosed is a check fo	r 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 Add Registratio		<u>Street Address:</u> Registration Se	ection
	Corporations	Division of Co	
P.O. Box 6	327	The Centre of	l'allahassee
Tallahassee	e, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doe N Whistles LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	A appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number 1.24000133199	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	1
Enter new mailing address, if applicable:	/ T
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, <u>enter the name of the new regis</u> t
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
E	
City	, Florida Zin 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>	Address	Type of Action
AMBR	Zachary Benishti	3727 Canopy Circle	= Add
		Naples, Fl 34120	□Remove
			□Change
			□Add
			Remove
			□ Add
			□Rémove
			□Change
			
			Remove
			□Change
			□Add
			Remove
			□Change
			
			□Remove □Change

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effectiv <u>e:</u> If t	date, if other the ve date is listed, the date inserted in serted in serted in serted of	date must be specific this block does r	e and cannot be not meet the a	prior to date o pplicable sta	d filing or more	than 90 days a	fter filing.) Pu	rsuant to 605,02 I not be listed :
ord sp filed.	oecifies a delayed (effective date, but	not an effect	ive time, at 1	2:01 a.m. on	he earlier of:	: (h) The 9	Oth day after th
:d	4-24		20.	24 j	7			
		Signature	of a member of	authorized re-	presentative of	member		
			T SERAZDI					

Filing Fee: \$25.00