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## **COVER LETTER**

TO: Registration : Division of Co		•	•	•	
SUBJECT: <u>· U</u>	hitehouse U Name of Li	cundale mited Liability Con	UKINGO, U	ic•	
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing	j.		
Please return all corresp	oondence concerning this matte	er to the following	g:		
	Timot	hy Why	<u>u Lehouse</u> Person	<del>-</del>	
		Firm/Con	npany		
	2567 Hu	Jy - Addre	183 A		
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For further information	concerning this matter, please	call:			
KY SU Name	Whitehouse of Person	at (SEArea	$\frac{50}{200}$ $\frac{520}{200}$	1313 Te Telephone Number	
Enclosed is a check for	the following amount:				
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 F Certified (additiona		<ul> <li>\$60.00 Filing</li> <li>Certificate of</li> <li>Certified Cop</li> <li>(additional copy)</li> </ul>	f Status & py

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

Whitehouse (Name of the Limited I	Land Aurina iability Company as it now appears on the Torida Limited Liability Company)	LLC our records.)		_	
(A)	Iorida Limited Liability Company)				
The Articles of Organization for this Limited Liabi	lity Company were filed on $\underline{\mathcal{D}_{\mathcal{O}}}$	10/202	<u>-</u>	ıd assigı	ned
Florida document number <u>L21000269</u>	109.				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability company here:				
The new name must be distinguishable and contain the words		ntion "LLC" or the	abbreviatio	on "L.L.C	7
Enter new principal offices address, if applicable	e:	<del> </del>			
(Principal office address MUST BE A STREET A	DDRESS)			<u></u>	
			-i <sup>)</sup> -)	)22)	<u> •</u>
			干汽	FEB	
Enter new mailing address, if applicable:				9	and a
(Mailing address MAY BE A POST OFFICE BO.	X)		27. C.S.	- <u>p</u>	.L.C."
	<u> </u>		Çi,	بي	Mary.
	· · · · · · · · · · · · · · · · · · ·		77.63		
B. If amending the registered agent and/or regis	stered office address on our record	ds, <u>enter the na</u>	me of th	_	egistered
agent and/or the new registered office address h	<u>ere</u> :				
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:					
	Enter Florida sti	reet 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>	Type of Action
MGR	Kristy whitehouse	2569 Hwy 1834	PAdd
		Book Ponce De Leon	□Remove
		FL 32465	□Change
			□Add
			□Remove
			□Change
			□Add
	,	TALL AND SSEE	Remove
	<del></del>		
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reffecti t <mark>e:</mark> If t	date, if oth ve date is listed the date inser 's effective d	l, the date mus ted in this bl	t be specific at ock does not	nd cannot l meet the	applicabl	date of filin	g or more	han 90 day	( <b>option</b> s after fi s, this c	ling.) Pu	rsuant to I not be	605.02 listed
cord sp s filed.	pecities a dela	iyed effectiv	e date, but no	ot an effe	ctive time	, at 12:01	a.m. on t	he earlier	of: (b)	The 90	)th day a	after th
ed/	February Im	15 to	1/h.h.	2	022							
	Timoti	ary u	Signature of a	member	or authoriz	ed represer	itative of a	member				-

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