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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u></u>	Name of Person	TALLAHASSEE, FLORI
		Firm/Company	Fig. 3 I
		• •	PLO STA
P.O. Box		Address	200 P
		City/State and Zip Code - いいた ② s ナントューと-い to be used for future annual report notifical	
For further information	e-mail address: ()	-	100)
K2/es C	of Person	at (352) 949-1113 Area Code & Daytime T	elephone 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)
MAII	LING ADDRESS:	STREET/COURIER	R ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White Properties	S, 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 2/23/2059 and assigned						
Florida document number 1000018305.						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	pility company here:					
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "LEC" or the abbreviation					
Enter new principal offices address, if applicable:	11791 NW 132-1 PFECE					
(Principal office address MUST BE A STREET ADDRESS)						
	Chiafland Fil 32(8/5)					
Enter new mailing address, if applicable:	P.O. B-, 129L Chiefiand Fe 32644					
(Mailing address MAY BE A POST OFFICE BOX)	Chiefind Fe 32644					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her						
	white J.					
New Registered Office Address:	Enter Florida street address					
Charles 1 to the Street dead ess						
<u>e</u>	City , Florida 72626 Zip Code					
New Registered Agent's Signature, if changing Registered Agent						

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 608, 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.

L. M. W. L. Lel

If Changing Registered Agent, Signature of New Registered Agen

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	alite M white	12751 0.24 FL 32626	Add
MCRM	L.M. white J	11791 N-5 132-1 Plze	Add Remove
			Add Remove
			and a second
		<u> </u>	
			Add
II amendi	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	
Dated	5 8 , 7=1	<u> </u>	
	1 M w	or or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00