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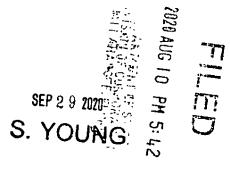
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Whith able Name of Lin	Enterprises LLC mited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Judi	Whitnable Name of Person
Whitna	ble Enterprises, LLC Firm/Company
3017	aft Avenue Address
Coco	City/State and Zip Code Cop 10 @ gmail. Com Top future annual report notification)
E-mail address: (to be used	Top 10 @ 9 mail, Com
For further information concerning this matter, please	
	321) 749-1967 Trea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Change Type from AP to MGR

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whitnade E	Herprises LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it how appears on our records.) Liability Company)	Bierie G
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000/96.374</u> . This amendment is submitted to amend the following:		O Roand assigned 55
This antendment is submitted to affects the following.		• * * • • • • • • • • • • • • • • • • •
A. If amending name, enter the new name of the limited liab	pility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	W/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent: N/A		······································
New Registered Office Address:		
	Enter Florida street address	
	, Florid	A
	City	Zip Code
Non Bosinson & Amerika Cinnesson (Following Decision & Amerika		

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>	Name	Address	Type of Action
AP_	Judy Whitnoble	301 Taft Ave	□Add
	,	Cocoa Beach, FL 32931	
			Change
MGR	JudeyWhitnable	301 Taft Ave	≯.Add
	`	301 Taft Ave Cocoa Beach, FZ 3293/	□Remove
			□Change
			□Add
			□Remove
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ted	August :	<u>~</u> .	2020	2.				
	Sign	du	A (1)	Intra	Illuntative of a mer	nber		
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Filing Fee: \$25.00