

Division of Corporations

# L21000532092

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GREENBERG TRAUERIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407) 418-2435  
Fax Number : (407) 420-5909

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:           mitch@gutterlabs.com          

FILED  
DIVISION OF CORPORATIONS  
2021 DEC 29 AM 10:17

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 417 SW CALIFORNIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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2021 DEC 29 PM 3:14

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

417 SW CALIFORNIA 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 December 22, 2021 and signed Florida document number L21000532092

This amendment is submitted to amend the following:

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

n/a

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

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

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FILED 2021 DEC 29 AM 10:17 SECRETARY OF STATE OFFICE OF REVENUE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mitchell White	2098 NE Ginger Terrace	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mitchell White	2098 NE Ginger Terrace	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mitch White Capital, LLC	2098 NE Ginger Terrace	<input checked="" type="checkbox"/> Add
		Jensen Beach, FL 34957	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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