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## **COVER LETTER**

TO: Registration Se Division of Cor			•
SUBJECT: WHITE ST	EP LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JAVIER CARDENAS, CI		
		Name of Person	
	JC CONSULTING GROU	JP LLC	
		Firm/Company	
	1634 ORCHID BEND		
		Address	
	WESTON, FL 33327		
		City/State and Zip Code	
	jcardenas@jcconsultingrou		
For further information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	iffication)
JAVIER CARDENAS, O		at ( 954 ) 2885078 Area Code Daytin	ne Telephone Number
Name of	reson	Mea Code Daym.	ne reteptione symbol
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	vetion
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	1. 32314	2415 N. Monre	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITE STEP LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record (Liability Company)	<u>y.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on 09/06/2023	and assigned
Florida document number L23000416185		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>er.</u>
Principal office address MUST BE A STREET ADDRESS)		2023
		3 "
Enter new mailing address, if applicable:		ري . 
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter	the name of the new regis
New Registered Office Address:		
new registered Office radiess.	Enter Florida street addres	<u>y</u>
	. Flo	orida
	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

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
MGR	ALICIA RIBAS ROCA	1825 MAIN STREET	□Add
		WESTON, FL 33326	
			□Change
MGR	FERNANDO M SCIPPA DAPELC	1825 MAIN STREET	□Add
		WESTON, FL 33326	■Remove
			□Change
MGR	VALENTINA BLUE HOLDING LLC	1825 MAIN STREET	■Add
	WESTON, FL 33326	Remove	
			□Change
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(If an effe Note:	ve date, if other than the date of filing: 11/03/2023 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ne record ord is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated ;	NOVEMBER 03 . 2023 .
	Anna
	Signature of a member or authorized representative of a member
	FERMANDO M SCIRRA DARGO
	FERNANDO M SCIPPA DAPELO

Filing Fee: \$25.00