## 102000004331

(Re	questor's Name)	-			
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
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## **COVER LETTER**

	Registration Sec Division of Corp			
CHD IE		USE FELLOWS, LLC		
SUBJEC	-1:	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing	
Please re	turn all correspon	dence concerning this matter	to the following:	
		AMY HORNE		
			Name of Person	
		SMITH, THOMPSON, SI	IAW, ET AL.	
			Firm/Company	<del> </del>
		SMITH, THOMPSON, SHAW, ET AL.		
			Address	
		TALLAHASSEE, FL 3230		
	X	COYY Q C	City/State and Zip Code  OVENUESSOCE. Co to be used for future annual eport notifi	(Cation)
For furth	er information co	ncerning this matter, please ca	all:	
АМҮ Н	ORNE		850 893-4105 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for the	following amount:		
\$25.0	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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WHITE HOUSE FELLOWS, 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 02/22/2002 and assigned Florida document number 102000004331 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

## 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

**Title** <u>Name</u> **Address** Type of Action MGR DAVID RANCOURT □ Add 120 S. Monroe St. Tallahass Gremove FL 32301 ☐ Change MGR PAUL BRADSHAW 120 S. Monroe St. Tallahassee Remove \_□ Change □ Add ☐ Remove ☐ Change ○ ☐ Rémove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blaceument's effective date on the D	t be specific and cannot be prior ock does not meet the applic	able statutory filing	(option re than 90 days after fi requirements, this o	ling.) Pursuant to 605.0207 (
ne record specifies a delayed The 90th day after the rec		ot an effective ti	ne, at 12:01 a.	m. on the earlier of:
OCTOBER	2018		)	
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Filing Fee: \$25.00