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TO: Registra Division	tion Section of Corporations		
SUBJECT:	South	whitehead, LC	
		nited Liability Company	
	cles of Amendment and fee(s) are su	•	12 51A 19
Please return all co	orrespondence concerning this matte	er to the following:	
-		Adele V. Stones Name of Person	
		Stones & Cardenas	
		Firm/Company	
		221 Simonton Street	
		Key West, FL 33040 City/State and Zip Code	1. 2020
	E-mail address:	cindy@keyslaw.net (to be used for future annual report noti	fication)
For further inform	ation concerning this matter, please	·	
Adele V. Stones		at (_305)	294-0252
	Name of Person	Area Code & Daytin	ne Telephone Number
Enclosed is a chec	k for the following amount:		
▼ \$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	S55.00 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/COUR: Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southwhitehead, LC (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 _____ June 17, 2005 and assigne L05000060493 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Southwhitehead, LLC The new name must be distinguishable and end with 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 City

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 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.

If Changing Registered Agent, Signature of New Registered Agent

. 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 Type of Action **Title** Name <u>Address</u> ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏ Add Remove ___Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Dated _ Signature of a member or authorized representative of a member James Nichols Typed or printed name of signee

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Filing Fee: \$25.00