LCG CCCO43857

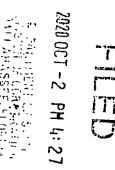
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S. YOUNG

COVER LETTER

Division of Co			
	WHITFIELD PROPERTIES, I.	1.0.	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MAUREEN WHITFIELD)	
		Name of Person	
	CADE S. WHITFIELD PI	ROPERTIES, LLC	
		Firm/Company	
	3573 CLAY BRICK ROA	.D	
		Address	
	HARMONY, FL 34773		
		City/State and Zip Code	<u> </u>
	MAUREENLWHITEIELD	@GMAIL.COM to be used for future annual report notif	-
For further information	concerning this matter, please e		in an entry
MAUREEN WHITFIE	-	407 319-7634	
Name (of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 63	•	The Centre of T	•

Tallahassee, FL 32314

120

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CADE S. WHITFIELD PROPERTIES, LLC

(Name of the Limited	I Liability Compa V Florida Limited	iny as it now appears on our Liability Company)	₩7.5 <u>±</u> σ=		
The Articles of Organization for this Limited Lia Florida document number 1.06000043857	bility Company	were filed on (04/26/2000)	and assigned 2		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		3573 CLAY BRICK ROAD			
(Principal office address MUST BE A STREET ADDRESS)		HARMONY, FL 34773			
		3573 CLAY BRICK ROAD			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OY)	HARMONY, FL 34773			
friding uddress start DE AT OST OTTICE D	<u>0717</u>				
B. If amending the registered agent and/or registered office address	· · ·		enter the name of the new registered		
Name of New Registered Agent:	MMONEEN L.	. WHITEIGED			
New Registered Office Address:	3573 CLAY BRICK ROAD				
		Enter Florida stree			
	HARMONY	City	Florida <u>34773 </u>		
N. D. (4. 14. 4) St. 4. (5.1.) . (D.		•	zip v oue		
New Registered Agent's Signature, if changing Real Interests accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company.	agent and agr r and complete vered agent as p gistered office	vec to act in this capacity performance of my dui provided for in Chapter	ies, and I am familiar with and · 605, F.S. Or, if this document is		

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
MGRM	JAMES S. WHITFIELD	510 LOUISIANA AVENUE	∐Add
		ST. CLOUD, FL 34769	■Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
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Tective date, in effective date in	if other than the date is listed, the date must be sp inserted in this block d	of filing: becific and cannot be poors not meet the ani	rior to date of filing or olicable statutory fili	option (option more than 90 days after fil no requirements, this d	al) ing.) Pursuant to 605,020 ate will not be listed a
	tive date on the Departr				
record specifies is filed.	a delayed effective date	. but not an effective	re time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
ated MARCH	+ SEPT. 21	o . 2002 1	<u> 101</u> 0		

Filing Fee: \$25.00

Typed or printed name of signee