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TO: Registration Sec Division of Corp			e.
SUBJECT:	White Mount	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Akxia	HUSSEY Name of Person	
	White M	lountains, UC Firm/Company	
	3905 (broyeward Land	<u>, </u>
	Itucv	ille, FL 32.78 City/State and Zip Code	<u>-O</u>
	E-mail address:	to be used for future armual report notif	Com
For further information co	oncerning this matter, please ca	·	
Alexia +	-USSCY Person	at (<u>32 </u>) <u>271-12</u> Area Code Daytime	200 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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 Mountains, UC

(A Florida Limited L	ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L06 0000 53051</u> . This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3905 Grovewood Lane Titusville, Fr. 32780
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3905 Grovewood Lane Titusville, FL 32780
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent: New Registered Office Address: 3905	Enter Florida street address
_l,tusi	Tille Florida 32 180 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>Na</u>me **Address** Type of Action AMBR Alexia Hussey 3905 Grovewood Lare MADD Titusville, Fr. 32780 ☐ Change □ Add ☐ Remove ☐ Change □ Add ____ □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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<u>Note:</u> If	re date, if other than the date of filing:	irsuant to 605.0207 (I not be listed as t
e reco The ⁹	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier of:
ated	5-1 2019	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	4)	

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Filing Fee: \$25.00