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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: W	hites Ceneral Name of Limi	Contracting Ll	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Charles	A White SR Name of Person	
		eneral Contraction	ng LLC
	1313 Borre	2H Rd Address	
	North Fort	- Myers Fl 3:	3903
	cwa whites	- Myers Fl 3: City/State and Zip Code Beneral Contractly	ng·com
	E-mail address: (1	to be used for future annual report n	oufication)
For further information co	oncerning this matter, please ca	in:	
Charles L	<i>uhite</i>	at (<u>239</u>) <u>8</u> Area Code Dayt	22-5276
Name o	f Person	Area Code Day	ime Telephone Number
Enclosed is a check for the	ne 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's General Cont (Name of the Limited Liability Compa) (A Florida Limited L	racting LLC ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 10700116551	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi Charlie's Signature Home LLC The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1313 Barrett rd
(Principal office address MUST BE A STREET ADDRESS)	North Fort Myers Fl 33903
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	The state of the s
New Registered Office Address:	Enter Florida street address
	Florida
	City 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
			Add
			☐ Remove
			Change
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ective date, if other t	han the date of filir	ng:		(optional)		
effective date is listed, the	date must be specific ar	nd cannot be prior to date of	of filing or more than 90	days after filing.) Pursuant	to 605.020
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Filing Fee: \$25.00