10000104076

(Requestor's Name)	
(Address)	400
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WHITE ROSE HOM	ES, LLC			
				Art of Inc. File
		-		LTD Partnership File
				Foreign Corp. File
		ļ		L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			✓_	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			<u> </u>	Fictitious Search
Signature				Fictitious Owner Search
•				Vehicle Search
				Driving Record
Requested by: BA	04/07/22			UCC 1 or 3 File
Name	Date	Time	—	UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		OSE HOMES, LLC		
SUBJEC	<u> </u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CHARLES WHITE		
			Name of Person	
		WHITE ROSE HOMES, I	LC	
			Firm/Company	•
		6712 Hatterns Drive		
			Address	
		Lake Worth, FL 334	467	
		Wcharlie 7 E-mail address:	City/State and Zip Code 4 R hot mail, co (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please o	•	,
CHARL	ES WHITE		at (305), 332-	4332
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	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 S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	Tallahassee
	Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITE ROSE HOMES, LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	on our records,)
he Articles of Organization for this Limited I lorida document number L10000104076		25/2010 and assigned
his amendment is submitted to amend the fol		
. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the de-	
nter new principal offices address, if appli	cable:	2022
Principal office address MUST BE A STRE	ET ADDRESS)	APR T
		1 (100
nter new mailing address, if applicable:		•••
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)	20
s. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our re ess here:	cords, enter the name of the new registere
Name of New Registered Agent:	CHARLES WHITE	
New Registered Office Address:	6712 Hatteras Drive	
	Enter Flori	da street address
	Lake Worth	Florida 33467
	City	Zin 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>	Name	Address	Type of Action
MGRM	DORI EDELMAN	10557 N.W. 53RD STREET	□ Add
		SUNRISE, FL 33351	≣Remove
			□ Change
			□Add
			□Remove
			□Change
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m effe <u>ote:</u>	ve date, if other than the date of filing:
ecord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ıted _	April 7th 2022
	Signature of a member or authorized representative of a member
	CHADI ES WHITE
	CHARLES WHITE Typed or printed name of signee