L11000137476

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	,	
		P

Office Use Only

B. KOHR
JAN 4 2019
EXAMINER



200242255322

12/31/12--01008--031 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

The Whithouse Law Firm, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Whitehouse

Name of Person

The Whitehouse Law Firm, PLLC

Firm/Company

390 N. Orange Ave, Suite 2300

Address

Orlando, FL 32801

City/State and Zip Code

dwhitehouse@whitehouse-cooper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Whitehouse

{,,,}321,800-8529

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

TORON A TO

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**

ARTICL	LES OF ORGANIZATION OF	
The Whitehouse Law Firm, PL		
(A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.
The Articles of Organization for this Limited Liabil	ity Company were filed on 11/23/2	2011 an Cassigned
Florida document number L11000133476		D.
This amendment is submitted to amend the following	ag:	
A. If amending name, enter the new name of the	limited liability company here:	
Whitehouse & Cooper, PLLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	: 	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	Torida street address
		, Florida
-	City	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 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Daniel D Whitehouse	390 N. Orange Ave	Add
		Suite 2300	Remove
		Orlando, FL 32801	
MGRM	Cheryl Cooper	390 N. Orange Ave	_ 🗹 Add
		Suite 2300	Remove
		Orlando, FL 32801	
MGRM	Daniel D Whitehouse	10352 Alameda Alma Ro	dAdd
		Clermont, FL 34711	Remove
			_
			Add
			Remove
			-
			_ Add
			Remove
			-
			Add
			Remove

If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
	
ed December 29 2	<u>012 </u>
Signature of a men	nber or authorized representative of a member
Daniel D Whitehouse	
$\overline{T_{N}}$	med or printed name of signee

Page 3 of 3

Filing Fee: \$25.00