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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	_	-
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COVER LETTER

TO: , Registration Section

Divisior	of Corporations			
SUBJECT:	WHITE RABB	IT PROPERTIES, LLC	·	
	Name of Lim	ited Liability Company		
The enclosed Art	icles of Amendment and fee(s) are su	bmitted for filing.		
Please return all	correspondence concerning this matte	r to the following:		
		SARAH SACKS	<u> </u>	
		Name of Person	2012	
	WHITE	WHITE RABBIT PROPERTIES, LLC		
		Firm/Company	ZÎIZ AUG 13 SEGRETARY ALLAHASSE	
	1001 W. I	INDIANTOWN RD., SUITE 103		
	· · · · · · · · · · · · · · · · · · ·	Address		
		JUPITER, FL 33458	PH # 66	
		City/State and Zip Code		
	SARAHATRAN	NSFORMATIONSRECOVERY.	COM	
	E-mail address:	(to be used for future annual report notification	n)	
For further inform	nation concerning this matter, please	call:		
	SARAH SACKS	at (561) 310	9779	
Name of Person		Area Code & Daytime Tele		
Enclosed is a che	ck for the following amount:			
\$25.00 Filing		\$55.00 Filing Fee &	\$60.00 Filing Fee,	
Certificate of Status		Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
		(additional copy is enclosed)	(additional copy is enclosed)	
	MAII INC ADDDESS.	STDEET/COUDIED	ANDRESS.	
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section		
	vivision of Corporations Division of Corporations		as	
P.O. Box 6327		Clifton Building 2661 Executive Center	Cirolo	
Tallahassee, FL 32314		Tallahassee, FL 32301	Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHILE RABB	II PROPERIJES, LI	_C		
(<u>Name of the Limited Liability</u> (A Florida Li	mited Liability Company)	n our records.		
The Articles of Organization for this Limited Liability Co	mpany were filed on	4/19/12	and assi	gned
Florida document number L12000053490	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company,	" the designation	"LLC" or the a	bbreviation
Enter new principal offices address, if applicable:			ALECT	
(Principal office address MUST BE A STREET ADDRI	ESS)		- B	11
			နိုင်ငံ ကို	
Enter new mailing address, if applicable:			HASSEE, FLOR	
(Mailing address MAY BE A POST OFFICE BOX)			製売の	
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		records, enter	the name of	f the new
Name of New Registered Agent:				
New Registered Office Address:	r .	TH I	11	
	Enter Florida street address			
	City	, Florida _	Zip Code	
	Cuy		zip Coae	

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 Changing Registered Agent, Signature of New Registered Agent

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** MIKE ANDERSON 1001 W. INDIANTOWN ROAD _ Add SUITE 103 ✓ Remove JUPITER, FL 33458 ☐ Add Remove ☐ Add Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ; Dated Signature of a member or authorized representative of a member SARAH R. SACKS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00