L12000066073

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12 MAY 24 PM 1: 50
STOKETWAY OF STATE
AND AHASSEF FLORID.

COVER LETTER

I'O: Registration Division of C			
SUBJECT:	White Elep	hant Design, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Richard D. Wardein	
		Name of Person	
		Firm/Company	
	3330 \$	S. Coconut Island Dr. #202	
		Address	
	Bo	nita Springs, FL. 34134 City/State and Zip Code	
	Dan	nien1618@hotmail.com	
	E-mail address: (1	to be used for future annual report notifica	tion)
For further information	n concerning this matter, please of	all:	
	hard D. Wardein	at \	77-9057
Nam	e of Person	Area Code & Daytime T	Felephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

12 MAY 24 PM 1: 50 White Elephant Design, LLC (Name of the Limited Liability Company as it now appears on our records) AHASSEE, FLORIDA

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ 5/16/2012 and assigned Florida document number _____L12000066073 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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

Dated

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address MGRM** Stephanie A. Wardein _ Add 3330 S. Coconut Island Dr. #202 ✓ Remove Bonita Springs, FL, 34134 MGRM Richard D. Wardein ✓ Add 3330 S. Coconut Island Dr. #202 Bonita Springs FL 34134 Remove Add ☐ Remove Remove \square Add Remove ∏Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		TATE ORIDA
May, 22	2012	D

, _____

Signature of a member or authorized representative of a member

Stephanie A. Wardein

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00