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	ration Seon of Corp	ction porations		
* - *		USE ALLIGATOR FARM LI	LC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ai	rticles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		BENJAMIN BERTHET		
			Name of Person	
		2BC FLORIDA LLC		
			Firm/Company	
		20200 W DIXIE HIGHWA	AY, SUITE 809	
			Address	
		AVENTURA, FL. 33180		
			City/State and Zip Code	
		b.berthet@2bc.us		·
			to be used for future annual report not	ification)
For further infor	rmation ce	oncerning this matter, please ca	ali:	
Benjamin BER	THET		941 726-99-84 at ()	
	Name of	Person		ne Telephone Number
Enclosed is a ch	eck for th	e following amount:		
⊠ \$25.00 Filin	ng Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address tration S		<u>Street Address:</u> Registration Se	ection
Divisi	ion of C	orporations	Division of Co	rporations
	Box 632	7 FL 32314	The Centre of '2415 N. Monro	Tallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITE HOUSE ALLIGATOR FARM LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 01/11/2013	and assigned
Florida document number L13000006125		
This amendment is submitted to amend the following:		7020 0
A. If amending name, enter the new name of the lim		FILE 2020 OCT 23
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 2
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:	V -1	
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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 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 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
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cord specifies a delayed effective d s filed.	ate, but not an effe	ctive time, at	2:01 a.m. on the ea	urlier of: (b) T	he 90th day after th
SEPTEMBER 25 ed	2020	·			
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Typed or printed name of signee