L14000660157

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COVER LETTER

то:	Registration Se Division of Cor			
CHIDIE	White Strip	es Interiors LLC		
SUBJE	CT:	Name of Lin	nited Liability Company	-
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		James Wester		
			Name of Person	· - ·-
		White Stripes Interiors LL	C	
			Firm/Company	
		3618 West Lykes Ave, Ap	ot 204	
			Address	
		Tampa, FL 33609		
			City/State and Zip Code	
		jameswest360@gmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For furtl	ner information co	oncerning this matter, please ca	all:	
James V	Vester		813 546-5341 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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 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

WHITE STRIPES INTERIORS, LLC		
(<u>Name of the Limited Liz</u> (A Flo	bility Compa orida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Florida document number L14000060157 This amendment is submitted to amend the following	ty Company	
A. If amending name, enter the new name of the	limited liab	oility company here:
	er !	ility Company," the designation "LLC" or the abbreviation "Lt.C."
Enter new principal offices address, if applicable:		3618 West Lykes Ave, Apt 204
(Principal office address MUST BE A STREET AL	DRESS)	Tampa, FL 33609
Enter new mailing address, if applicable:		3618 West Lykes Ave, Apt 204
(Mailing address MAY BE A POST OFFICE BOX	2	Tampa, FL 33609
Name of New Registered Agent: New Registered Office Address: 24	address her	Ave W, Ste 205 Enter Florida street address
Same agent, new	radenton	Florida 34205
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	auciiton	Florida 37203

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	David K. L. Leonard	3618 West Lykes Ave. Apt 204	= Add
		Tampa, FL 33609	□ Remove
			□ Change
			Add
			□ Remove
			Change
		-	Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add SECRET Remove
			2 Ghange Ghange FLORIDA
			P Remove
			☐ Change

amending any other informat			<i></i>
			
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fective date, if other than the confective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1 record specifies a delayed. The 90th day after the record.	be specific and cannot be prior to date ck does not meet the applicable st partment of State's records. effective date, but not an e	atutory filing requirements, t	fter filing.) Pursuant to 605.0207 this date will not be listed as
ted 7-9-15			
	In Win	~	15 JU SECR
//	Ignature of a member or authorized r	epresentative of a member	22
James Wester, Managing			333. T
	Typed or printed name	of signce	AN II: 53 EE FLORID
	Page 3 of	3	DA 3

Filing Fee: \$25.00