(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

LaNeil Re SUBJECT:	alty LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LaNeil White		
		Name of Person	
	LaNeil Realty LLC		
		Firm/Company	
	1597 Auburn Lakes Drive		
		Address	
	Rockledge Fl 32955		
		City/State and Zip Code	
	laneilwhite14@gmail.com		
		to be used for future annual report noti-	fication)
For further information of	concerning this matter, please ca	ill:	
LaNeil White		321 446-1061	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

LaNeil Realty LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L15000008388</u>	ere filed on Jan 14, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
LaNeil White LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	1848-1-1-1	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Muning address MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new
Name of New Registered Agent:		
Nam Davistanad Office Address		
New Registered Office Address:	Enter Florida street address	·····
	F1:	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Plorida	2015
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fa fg ovided for in Chapter 605, F.S. Or, if t	iliar with and hijs document is "

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
			Add
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Tective date, if other than the d in effective date is listed, the date must b	ate of filing:		(optional)	
n effective date is listed, the date must bote: If the date inserted in this bloc	e specific and cannot be prior to d	ate of filing or more than 90 statutory filing requiren	days after filing.) Pursua nents this date will no	nt to 605.0. t-be-listed
cument's effective date on the Dep	artment of State's records.	saturory ming requiren	ionn, inno date with ne	
record specifies a delayed	effective date, but not a	n effective time, at	12:01 a.m. on the	e earlier
The 90th day after the recor		·		
			E.	2015
May 28	2015	. *	<u> </u>	•
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Page 3 of 3

Filing Fee: \$25.00