## 116000022245

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TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Se Division of Cor				
Nicholas SUBJECT:	Whitehouse, LLC	•		
SUBJECT.	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
	Nicholas Whitehouse			
		Name of Person		
		Firm/Company		-
	4201 Longbow Dr			TO SEP IL PH I
		Address		
	Clermont, FL 34711			PH
	nicholas.whitehouse9@kw.co	City/State and Zip Code		1:10
	E-mail address; (	to be used for future annual report notifi	cation)	0
For further information c	oncerning this matter, please c	all:		
Nicholas Whitehouse		at (_407)_902-4639		
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
( <u>D</u> ) \$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)	
Registr	ING ADDRESS: ration Section	STREET/COURING Registration Section Division of Corpora	1	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nicholas Whitehouse, LLC			
(Name of the Lim	ited Liability Company as it now an (A Florida Limited Liability Compa	nears on our records.)	
The Articles of Organization for this Limited I Florida document numberL16000022245			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	y here:	
The new name must be distinguishable and end with the	words "Limited Liability Company,"	' the designation "LLC" or the ab	breviation "L.L.C." > (*)
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
		<del>, , , , , , , , , , , , , , , , , , , </del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX	, , , , , , , , , , , , , , , , , , ,	6
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		on our records, <u>enter t</u>	he name of the new
New Registered Office Address:	4201 Longbow Dr		
TION MORISTOICE CITIES TARRIESS.		Florida street address	
	Clermont	, Florida	4711
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register			

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.

nicholas Whitehouse

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Add
			□ Remove
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M. W. d		
ctive date, if other than the da ffective date must be specific, cannot be ate this document is filed by the Floric	ate of filing:  pe prior to date of receipt or filed date and collaboratment of State)	(optional) annot be more than 90 days after

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