# L16000220756

(Requestor's Name)
<del></del>
(Address)
(Address)
<b>(</b>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com

FROM Melissa Stops mstops@incserv.com 850.656.7953

**REQUEST DATE** 7/15/2019

850-245-6051

**PRIORITY** Routine

OUR REF # (Order ID#) 755892

ORDER ENTITY WHITEWEST LLC

## PLEASE PERFORM THE FOLLOWING SERVICES:

WHITEWEST LLC (FL)

File the attached amendment

#### **NOTES:**

\$25.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, July 15, 2019 Page 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITEWEST LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (	Company were filed on 12	2/6/2016	and assigned
Florida document number L16000220756	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company " the	designation "I I C" or the abbres	viation "L.I.C."
<u>-</u>	va zazanny company, anc i	avoignation bile of the above	2
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			्राच्य च जीक
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ado		n our records, <u>enter the</u>	: пате of the new
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Flo	orida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	•	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a	complete performance of	f my duties, and I am fam	iliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 = N AMBR = A	∕lanager Authorized Member	:	
<u>Title</u>	Name	Address	Type of Action
MGR	Anderson Javite	Chucarro 1061, apto 102	
		Martavida II.	
		Montevideo – Uruguay	
		ZP 11300	<del></del>
			Change
		<del></del>	
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		☐ Add A	
		Remove?	
		□ Change	
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		☐ Change	
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. If amending any other information, enter change(s) here: (Aud	ner dadinoral sheets, if necessary.)	
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of the date	(optional)	17 /21/h1
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed a	is the
the record specifies a delayed effective date, but not an ef ) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier o	of:
Dated June 15th 2019		
, ,		
Signature of a member of authorized rep	presentative of a member	
Anderson Javite		

Page 3 of 3

Filing Fee: \$25.00