

**L17000081110**

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

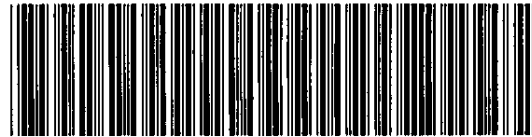
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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MAY 10 2017

**Don Biroschik CPA, P.A.**  
*Certified Public Accountant*

35 Knight Boxx Rd, Suite 4  
Orange Park, Florida 32068  
Phone: 904-276-2262  
Facsimile: 904-621-9172  
Email don@dbpa.us

**Facsimile**

To: Octavia Simmons	From: Don Biroschik
Fax: 850-245-6030	Pages: 5
Phone: 850-245-6051	Date: May 8 <sup>th</sup> , 2017
Re: Name Change (redo)	CC:

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

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**• Comments:**

Thanks in advance for your assistance,

Don Biroschik

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Kato White, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Biroschik

\_\_\_\_\_  
Name of Person

Don Biroschik, CPA, P.A.

\_\_\_\_\_  
Firm/Company

35 Knight Boxx Road Suite 4

\_\_\_\_\_  
Address

Orange Park, FL 32065

\_\_\_\_\_  
City/State and Zip Code

don@dbpa.us

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Biroschik

904 276-2262  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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

Kato White, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 11, 2017 and assigned  
Florida document number L17000081110.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Mary Alexandre White, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, **Florida** 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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

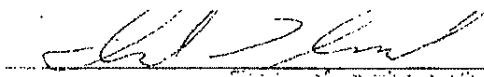
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(h) The 90th day after the record is filed.

Dated

MAY 8 2017



Don Biroshchik, CPA/Agent

Typed or printed name of signee