U7000104671

(Re	equestor's Name)	
. (Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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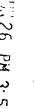


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R. WHITE JUL 08 2019

COVER LETTER

TO: **Registration Section Division of Corporations** WHITE RAVEN INVESTMENTS LLC SUBJECT: ___ 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: CARLOS A. ESPINOSA Name of Person Firm/Company 175 S.W. 7TH STREET, SUITE 1817 Address MIAMI, FLORIDA, 33130 City/State and Zip Code ceo@espigaholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS A. ESPINOSA 786 5314727 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

TO ARTICLES OF ORGANIZATION OF

WHITE RAVEN INVESTMENTS LLC

company has been notified in writing of this change.

2819 E''' 28 PH 3:51

(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 L	Liability Company	were filed on	05/10/2017	and assigned
Florida document numberL17000104671				•
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company	<u>here</u> :	
N.A.				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," th	e designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N.A.		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N.A.		
B. If amending the registered agent and registered agent and/or the new registered of			on our records, <u>er</u>	nter the name of the nev
Name of New Registered Agent:	N.A.			
New Registered Office Address:	N.A.			
	Enter Florida street address			
	Florida Zip Code			a
New Desire and Assess Commence (Colors	D. Carrie I.A.	·		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the projection as registers of the obligations of my position as reg	per and complete	performance	of my duties, and I	am familiar 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NICHOLAS KLING	2330 PONCE DE LEON BOULEVARD, CORAL	
		· · · · · · · · · · · · · · · · · · ·	D Add
			■ Remove
			Change
MGR	CARLOS A. ESPINOSA	175 S.W. 7TH STREET, SUITE 1817, MIAMI, FLORIDA. 331	3 ○ ■ Add
		 	Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
			Change
		.	Add
			Remove
			Change

	.N.A.
	
E. Effec	June 24, 2,019 tive date, if other than the date of filing: (optional)
<u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: le 90th day after the record is filed.
	June 24, 2019
Date	d
	Signature of a durabus promition of a state of
	Signature of a member or authorized representative of a member CARLOS A ESPINOSA
	Same a a continuar

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00