## 117000113253

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## **COVER LETTER**

	Registration Se Division of Cor					
CUDIEC		e Holdings LLC				
SUBJEC	.1:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Edward Stahlin				
			Name of Person	<u></u> <u>-</u>	-	
		Direct Incorporation				
			Firm/Company		-	
		315 W Huron St, Ste 240				
			Address		-	
		Ann Aror, MI 48103				
			City/State and Zip Code		-	
		documents@directincorpora				
		E-mail address: (	to be used for future annual report	notification)		
For furth	er information c	oncerning this matter, please ca	all:		•	
Edward S	Stahlin		877 281-649	6	世四日	
		f Person	Area Code Da	ytime Telephone Numbe	LAHASSEE, Feet and of Status	FILE
Enclosed	is a check for th	ne following amount:			ing E	O
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	iling Fee.  ate of Status &  I Copy O  I 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

White Space Holdings LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited I	Liability Company wer	e filed on <sup>05/22/2017</sup>	and assigned
Florida document number L17000113253			<b>U</b>
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
	_		
D 4			
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
	_		
B. If amending the registered agent and	Nor registered office	address on our records ents	er the negle of the n
registered agent and/or the new registered of		address on our records, ente	2:3
	_		語 复立
Name of New Registered Agent:	Bethann Bowen		弱しこ
Nam Pagistared Office Address		-	問品上口
New Registered Office Address:		Enter Florida street address	5,52
		, Florida	高点 SF
	-		Zin Coda

## 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>	Address	Type of Action
AMBR	Bethann Bowen	3248 MILTON LANE	
		ORLANDO, FL	☐ Remove
		32806	■ Change
<del></del>			☐ Add
		•	□ Remove
			Change
			Add
			□ Remove
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ecti	ve date, if other than the date of filing:(optional)
n eff	ve date, if other than the date of filing:
cum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	ord enceifier a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
hec The	90th day after the record is filed.
	37
	F 24 17
ted .	5-26-2017  A. Businesses of a member or authorized representative of a member
	AR.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00