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### **COVER LETTER**

experiention Section **Division of Corporations** APPTODATE, 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: Martin A. Herrera Name of Person APPTODATE, LLC Firm/Company 317 NW 97th Ave Address Plantation/FL 33324 City/State and Zip Code martin.herrera147@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Martin A. Herrera 808-8824 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy

#### MAILING ADDRESS:

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#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

APPTODATE, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L17000134716</u> .	ny were filed on June 21, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
White Orchid Holdings Financial, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	he 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:	317 NW 97th Ave Plantation Florid	
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		nter the name of the
		nter the name of the
egistered agent and/or the new registered office address h  Name of New Registered Agent:		nter the name of the
egistered agent and/or the new registered office address h		nter the name of the
	ere:	

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

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