# L17000158170

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## CORPORATE ACCESS, \_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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1.		WH OFFICE, LLC (CORPORATE NAME AND DOCUM	ENT#)	
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#### **COVER LETTER**

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E. LLC		
Name of Lim	ited Liability Company	<del></del> ,
Amendment and fee(s) are sub-	mitted for filing.	
Amendment and fee(s) are submitted for filing.  Pondence concerning this matter to the following:  HAIDER ALZUBAIDI  Name of Person  WH OFFICE, LLC  Finn/Company  585 Avenue K S.E.  Address  Winter Haven, Florida 33803  City/State and Zip Code rootcanals22@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  863 687-8990  at (		
HAIDER ALZUBAIDI		
	Name of Person	
WH OFFICE, LLC		
——————————————————————————————————————	Finn/Company	<del></del>
585 Avenue K S.E.		
	Address	<del></del>
Winter Haven, Florida 338		
<del></del>	City/State and Zip Code	
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oncerning this matter, please ca	all:	
Person	Area Code Daytime T	elephone Number
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☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
S:	Street Address:	on.
	Name of Lim  Amendment and fee(s) are sub indence concerning this matter  HAIDER ALZUBAIDI  WH OFFICE, LLC  585 Avenue K S.E.  Winter Haven, Florida 338  rootcanals22@gmail.com  E-mail address: (concerning this matter, please cancerning this matter please cancerning this please cancerning this please cancerning this matter please cancerning this please	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  HAIDER ALZUBAIDI  Name of Person  WH OFFICE, LLC  Finn/Company  585 Avenue K S.E.  Address  Winter Haven. Florida 33803  City/State and Zip Code rootcanals22@gmail.com  E-mail address: (to be used for future annual report notification cerning this matter, please call:  Person  at (

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

TILED

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WH OFFICE, LLC		1 1 1 3 3W no area
(Name of the Limited Lia (A Flo	hility Company as it now appears on our recrida Limited Liability Company)	ords.). SSEE. FL
The Articles of Organization for this Limited Liability	y Company were filed on JULY 24, 201	7 and assigned
Florida document number L17000158170	. <del></del> ·	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	dress
		Florida
	City	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 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
MGR	AHMED ALZUBAIDI	585 Avenue K S.F.	<b>≣</b> Add
		Winter Haven, Florida 33803	
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effecti <u>te:</u> If t	we date is listed, the date must be date inserted in this block	be specific and cann ik does not meet t	ot be prior to date he applicable st	of filing or more th atutory filing req	an 90 days after filir uirements, this da	ng.) Pursuan te will not	i io 605,0 <mark>.</mark> be listed

Filing Fee: \$25.00