

L17 000172273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

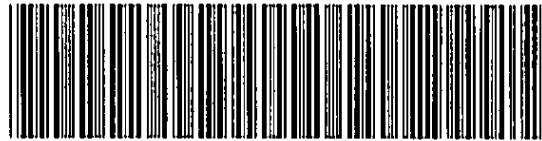
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUN 18 PM 1:37  
TALLAHASSEE, FLORIDA

OCT 6 2022  
S. PRATHEP

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BENEVOLENT HEART 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:

WHITNEY WHYTE

Name of Person

BENEVOLENT HEART LLC

Firm/Company

4720 SALISBURY ROAD

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

BENEVOLENTHEARTLLC@GMAIL.COM

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

For further information concerning this matter, please call:

WHITNEY WHYTE

904

638-1739

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 Address:**

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**

BENEVOLENT HEART 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 08/14/2017 and assigned

Florida document number L17000172273

This amendment is submitted to amend the following:

**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 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:

WHITNEY WHYTE

New Registered Office Address:

\_\_\_\_\_  
*Enter Florida street address*

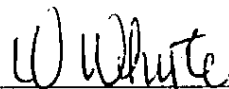
\_\_\_\_\_, **Florida**

*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 Changing Registered Agent, Signature of New Registered Agent**

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TALLAHASSEE, FLORIDA

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CURRENT AGENT ON FILE, WHITNEY MILLS HAD A NAME CHANGE AS A RESULT OF A RECENT  
MARRIAGE ON 5/4/22. WHITNEY MILLS HAS A LEGAL NAME CHANGE TO WHITNEY WHYTE.

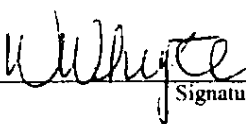
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 document's effective date on the Department of State's records.

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

Dated JULY 05 2022

  
Signature of a member or authorized representative of a member

WHITNEY WHYTE

Typed or printed name of signee

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2022 JUL 13 PM 1:37  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

Florida

DRIVER LICENSE

W300-897-86-592-0 CLASS E

WHITE  
JIMMY SHERRELL  
11525 BLAIRMAR BLVD NW  
JACKSONVILLE, FL 32228-6287

DOB 03/12/1986 SEX F  
EXP 03/12/2025 HGT 5'11"  
WGT 175 LBS EYES BROWN HAIR BROWN

SAFE DRIVER

EXP 03/05/2016

100 87420019000

REPLACED 03/13/2022

Operation of a motor vehicle constitutes  
consent to any laboratory test required by law



Instr #2022045933 BK: 5552 PG: 418, Filed & Recorded: 5/5/2022 9:37 AM #Pgs:1  
 Brandon J. Patty, Clerk of the Circuit Court and Comptroller St. Johns County FL.

## Department of Health • Office of Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE OR IMPRESS  
 THIS LICENSE NOT VALID UNLESS SEAL OF CLERK,  
 CIRCUIT OR COUNTY COURT, APPEARS THEREON

(STATE FILE NUMBER)

2022ML2146005

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1 NAME OF SPOUSE (First, Middle, Last) ROHAN STEVIE WHYTE		1b MAIDEN SURNAME (if applicable)	2 DATE OF BIRTH (Month, Day, Year) 03/29/1984
3a RESIDENCE - CITY, TOWN, OR LOCATION CLARENDON	3b COUNTY	3c STATE JAMAICA	4 BIRTHPLACE (State or Foreign Country) JAMAICA
5a NAME OF SPOUSE (First, Middle, Last) WHITNEY SHERRELL MILLS		5b MAIDEN SURNAME (if applicable)	6 DATE OF BIRTH (Month, Day, Year) 03/12/1986
7a RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE	7b COUNTY DUVAL	7c STATE FLORIDA	8 Birthplace (State or Foreign Country) FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZED. THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY



9 SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Rohan Whyte</i>	10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/27/2022
11 TITLE OF OFFICIAL DEPUTY CLERK	12 SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i> D.C
13 SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Whitney Mills</i>	14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/27/2022
15 TITLE OF OFFICIAL DEPUTY CLERK	16 SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i> D.C

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLENNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID



17. COUNTY ISSUING LICENSE ST. JOHNS	18 DATE LICENSE ISSUED 04/27/2022	19a DATE LICENSE EFFECTIVE 04/27/2022	19 EXPIRATION DATE 06/28/2022
20a SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b TITLE CLERK OF THE COURT	20c BY D.C TC

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year) 05/04/2022	22 CITY, TOWN, OR LOCATION OF MARRIAGE Jacksonville Beach, FL
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23b ADDRESS (for person performing ceremony) 890 Edgewood Aven N
23c NAME AND TITLE OF PERSON PERFORMING CEREMONY Notary Public State of Florida Ashley Riley My Commission GQ 438612 Expires 05/27/2023	24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Pamela Miller</i>	

SEAL

I HEREBY CERTIFY THAT THIS DOCUMENT IS A TRUE AND CORRECT COPY AS APPEARS ON RECORD IN ST. JOHNS COUNTY, FLORIDA WITNESS MY HAND AND OFFICIAL SEAL THIS 5 DAY OF May, 2022  
 CLERK OF THE CIRCUIT COURT AND COMPTROLLER

BY: *[Signature]* D.C.