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(Requestor's Name)
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(Curings Fath, Name)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	White Kill West	LLC Company	*** <del>*********************************</del>
The enclosed Articles of A	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u></u>	Cloring Water	
	Bea	Utilliant 1	LLC_
	1150 11	12nd Street 50	<u> </u>
	Bay Harbor	City/State and Zip Code	33154
	E-mail address: (1	to be used for future annual report notif	id. Corr
For further information co	ncerning this matter, please ca	મી!:	
Name of	Q WM+e/	at ( <u>365</u> ) <u>Ph6</u> Area Code Daytimo	· 697 2 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)	S60.00 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

 $\mathbf{Q}\mathbf{F}_{\Delta}$ 

Rocultifulfillment 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 178/17 and assigned  Florida document number 17 1000744205
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)    150   07nd Street #506     Bay   or   or   for   33/54
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  [Suy   For box Island, Fc 3315]
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:
New Registered Office Address:    Say   Color   Florida   315

## 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		1150 102nd Street 506	□Add
		150 102nd Street 506 Bay Harber Island, FC 331	5 Remove
			_ XChange
			_ □Addi
			_ ⊒Remove
			_ DChange
			23Add CT 2Remove-
		. ,	_ DChange
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<b>Effective d</b> (If an effective	ate, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	l :.) Pursuant to	605 <b>0207</b> (
Note: If the	date inserted in this block does not meet the applicable statutory filling requirements, this date effective date on the Department of State's records.	will not be	listed as th
ne record spe ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	ne 90th day a	after the
	9/28/2001/11		
Dated	The state of the s		
Dated			
Dated	Signature of a member or authorized representative of a member  V. V. J. G. V. G. V. J. C.  Typed or printed name of signee		