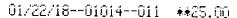
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THOMAS WHITE ENTERITRISES, LIC 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:
ROBERT D. THOMAS Name of Person
THOMAS WHITE ENTERPISES, LLC Firm/Company
514 GOVERNOR ST Address
GREEN CIVE SPRINGS FL 32043 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
ROBERT D. THOMAS at (904) 699-9896 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional 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**

(Name of the Limited Liability Compar (A Florida Limited L	E ENTERPRISES, LLC ny as it now appears on our records iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOOOOG6869</u>	were filed on 08. JAN 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- JS
(Principal office address MUST BE A STREET ADDRESS)	B JAN 2
Enter new mailing address, if applicable:	2 AM
(Mailing address MAY BE A POST OFFICE BOX)	1: CORTE 52
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
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

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 = A	uthorized Member		
<u>Title</u>	Name	Address SILL CAFRALOR ST	Type of Action
MGR	WILLIAM HUGH WHITE.	Address 514 GOVERNOR ST JR GREEN COVE SPRINGS, FL 320	M Add
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an effective lote: If the	date, if other the we date is listed, the of he date inserted in 's effective date or	this block does n	ot meet the ap	rior to date of filin plicable statutory	g or more unan 90	(optional) days after filing. nents, this date) Pursuant to 605.0 will not be listed	0207 d as
	d specifies a de th day after th			not an effect	ive time, at	12:01 a.m.	on the earlie	ro
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		Signature o	of a member or a	uthorized represer	ntative of a memb	er		

Page 3 of 3

Filing Fee: \$25.00