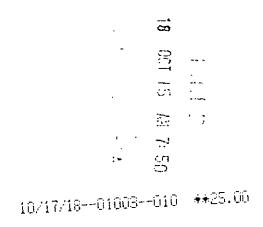
<u>U8000232633</u>

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
408 White			
SUBJECT:		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subt	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	to the following:	
	Grgory S. Oropeza, Esq.		
		Name of Person	
	Oropeza, Stones & Cardena	as, PLIC	
		Firm/Company	
	221 Simonton Street		
		Address	<u> </u>
	Key West, FL 33040		
	greg@oropezastonescardena	City/State and Zip Code	.
	E-mail address: (t	o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	H:	
Gregory Oropeza		305 294-0252	
Name o	of Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for t	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

408 WHITE, LLC		
(<u>Name of the Limited L</u> (A F	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number £18000232633		2018 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
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 A	DDRESS)	<u> </u>
Enter new mailing address, if applicable:	N/A	7
Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the
Name of New Registered Agent:		-
New Registered Office Address:	P Pt. +1	and become
	Enter Florida street	aadress
_		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Helio Oropeza Revocable Trust dated 2/3/1995	224 Key Haven Road Key West, FL 33040	
			■ Remove
			☐ Change
MGR Carl	Carleen A. Oropeza Revocable Trust dated 2/3/1995	224 Key Have Road Key West, FL 33040	≅ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			<u></u> □Add 55
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fective date, if other than the n effective date is listed, the date must ote: If the date inserted in this ble cument's effective date on the De	be specific and car ck does not meet	not be prior to the applicabl	date of filing or r e statutory filin	nore than 90 days	optional) after filing.) I this date w	Pursuant to 605.020 ill not be listed a
record specifies a delayed The 90th day after the reco		e, but not a	n effective	time, at 12:0)1 a.m. o	n the earlier o
ted October 4		018				

Page 3 of 3

Filing Fee: \$25.00