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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (813)436-5206 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WHITE OAK DEVELOPMENT AND CONSTRUCTION, LLC

Certificate of Status	Ü
Certified Copy	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WHITE OAK DEVELOPMENT AND CONSTRUCTION, LLC

(A Florida Lin	nited Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/29.	/2018	and assigned
Florida document number <u>L18000254132</u>			
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 designat	ion "LLC" or the abl	breviation "L,L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			

B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records	s, enter the name	e of the new registered
		<i>;</i> -	
Name of New Registered Agent:		<u></u>	· 212
New Registered Office Address:			
	Enter Florida stre	et address	FO
		, Florida	4.200
	City		Zip Code C
New Registered Agent's Signature, if changing Registered Ag		:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	dete performance of my di as provided for in Chapte	ities, and Lam fü r 605, F.S. Or. (amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

7/21/2023 14:20:03 PDT ·

To: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

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>	Name	Address	Type of Action
MGR	Chandler Nelson	4508 Holloway Grove Way	<u> </u>
		Plant City, FL 33567	Remove
			□ Change
MGR_	Spencer Nelson	4508 Holloway Grove Way	<u>X</u> Add
		Plant City, FL 33567	□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

フノントノンのつる	14.20.03	DDT

Ta: 18506176383

Page, 4/4

From: Registered Agents Inc.

Fex: 8134365206

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u>Note:</u> lî t	date, if other than the date of filing:
f the record specord is filed.	eculies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	July 21
	Signature of a member or authorized representative of a member
	Nat Smith Typed or printed name of signee