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. COVER LETTER

1715	ision of Cor	porations -		
SUBJECT:	White Rose	e Construction LLC		
5000001.		Name of Person Area Code Daytime Telephone Number ck for the following amount: Fee \$\Bigsquare{1}\$		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Name of Limited Liability Company mendment and fee(s) are submitted for filing. lence concerning this matter to the following: Patricia C Marlow Name of Person White Rose Construction LLC Firm/Company 1491 Shadeville Rd Address Crawfordville FL 32327 City/State and Zip Code whiteroseconstructionlic@gmail.com E-mail address: (to be used for future annual report notification) secrning this matter, please call: Area Code Daytime Telephone Number following amount:		
		White Rose Construction L		
		1491 Shadeville Rd	Firm/Company	
		Crawfordville FL 32327	Address	
		whiteroseconstructionlic@gr		
		E-mail address: ()	to be used for future annual report noti	ification)
For further in	iformation e	oncerning this matter, please ca	ill:	
Patricia Christine Marlow				
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

White Rose Construction LLC		
(<u>Name of the Limited Liab</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 11/05/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		* 22 min
(Principal office address MUST BE A STREET ADD	DRESS)	
Trincipal office data ess should be served as		194 Pg
Enter new mailing address, if applicable:		AH 10
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regressistered agent and/or the new registered office ad	· · · · · · · · · · · · · · · · · · ·	r the name of the ne
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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jason W Marlow	1491 Shadeville Rd Crawfordville FL 32327	_ ■ Add
			□ Remove
	Tanner M Marlow	1491 Shadeville Rd	Change
AMBR	- anner w wanow	Crawfordville FL 32327	B Add
			☐ Remove
			Change
			Add \$\frac{22}{4}\$
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Effective date, if other than th	e date of filing:	(optional)		
(If an effective date is listed, the date mu Note: If the date inserted in this l	ist be specific and cannot be prior to date of filing or lock does not meet the applicable statutory fil	r more than 90 days after filing.) Pu line requirements, this date wil	irsuant to 69 Il not be li	05.0207 (sted as ti
document's effective date on the l				
the record specifies a delaye	d effective date, but not an effective	e time, at 12:01 a.m. on	the ear	lier of:
) The 90th day after the re		, mo, ot 12.11 1		
•				
August 29	2019			
Dated				
Lita	Christian Waster			
1 MILLER	Signature of a member or authorized representati	ive of a member		
Patricia Christine Ma	rlow			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00