1190000 83683

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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|---------------|------------------------------------|---|---|--|-------------------------------------|
| en one | ር ጥ. | O.Whitmire LLC | | | |
| SUBJE | CI; | Name of Lim | ited Liability Company | | |
| | | Amendment and fee(s) are sub | _ | | |
| | | | Sonia Becerra | | |
| | | | Name of Person | | |
| | | | Swyft Filings, LLC | | |
| | | | Firm/Company | | |
| | | 3 (| Greenway Plaza #1320 | | |
| | | | Address | | |
| | | Houston, Texas 77046 | | | - |
| | | | City/State and Zip Code | | SELECTARY SELECTARY 20 APR 24 |
| | | | filings@swyftfilings.com | | F 250 |
| For furt | her information co | h-mail address: (| to be used for future annual report notifi | ication) | R 2L AMILE |
| | Sonia B | ecerra | at (877) 777-045 | 50 | |
| | Name o | f Person | Area Code Daytime | Telephone Number | 3. 10 H |
| Enclose | d is a check for th | ne 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 Sta Certified Copy (additional copy is et | itus & |
| | MAIL | ING ADDRESS: | STREET/COURT | TP ADMESS. | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O.Whitmire LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| | The state of the s | y company (| | |
|---|--|--------------------------------|---|--------------------------------------|
| The Articles of Organization for this I | Limited Liability Company were 00083683 | filed on | 03/26/2019 | and assigned |
| Florida document numberL190 | - | | | ديَ |
| This amendment is submitted to amer | nd the following: | | | |
| A. If amending name, <u>enter the nev</u> | w name of the limited liability c | ompany here: | | |
| The new name must be distinguishable and co | ontain the words "Limited Liability Cor | npany," the desig | mation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address | | _ | tone Street | |
| (Principal office address MUST BE A | | Melbourn | e Florida 32901 | |
| Enter new mailing address, if applic | cable: | 2420 S | tone Street | |
| (Mailing address MAY BE A POST (| | Melbourn | e Florida 32901 | |
| Name of New Registered As | gent: | | | |
| New Registered Office Addr | <u></u> | | | |
| | | Enter Florida . | street address | |
| | | <u> </u> | Florida | |
| Now Davistana & cometa Ciamatana (C. | C) | ty. | | Zip Code |
| New Registered Agent's Signature, if c | | | | |
| hereby accept the appointment as | | | | |
| provisions of all statutes relative to accept the obligations of my position being filed to merely reflect a chang company has been notified in writin | the proper and complete perfo n as registered agent as provid ge in the registered office addro | rmance of my ed for in Chap | duties, and Lam fa over 605, F.S. Or, ij | miliar with and fthis document is |

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> | <u>Address</u> | Type of Action |
|--------------|-------------------------|-------------------------|----------------|
| AMBR | OLEANDRA WHITMIRE | 2420 Stone Street | |
| | Melbourne Florida 32901 | Remove | |
| | | | ■ Change |
| AMBR | Eyvonne Whitmire | 2420 Stone Street | Add |
| | | Melbourne Florida 32901 | Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
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| | | O Add | |
| | | | Remove |
| | | | |

| ffec | tive date, if other than the date of filing: (optional) |
|-------------|---|
| `an et | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02t If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| ocur | nent's effective date on the Department of State's records. |
| | |
| e re The | cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed. |
| | |
| ated | 04/15/ 2020 |
| | 20-0 |
| | × Janara Wretmire |
| | Signature of a member or authorized representative of a member |
| | OLEANDRA WHITMIRE |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00