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COVER LETTER

TO:	Registration Se Division of Co					
CUD IN		VHITE INVESTMENTS LLC				
SUBJE	UI:	Name of Limited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		BRUCE WHITE				
			Name of Person			
		BAILEY WHITE INVEST	TMENTS LLC			
			Firm/Company			
		821 LONGWOOD MARK	CHAM RD			
		Address				
		SANFORD, FLORIDA 21771				
		City/State and Zip Code				
		CENTRALFLORIDA47@.				
		E-mail address: (to be used for future annual report notif	fication)		
For furth	ner information o	concerning this matter, please c	ali:			
BRUCE	E WHITE		407 739-8639 at ()			
	Name o	f Person		e Telephone Number		
Enclosed	d is a check for the	he following amount:				
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:	-4:		
Registration Section Division of Corporations		Registration Section Division of Corporations				
	P.O. Box 632	=	The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAILEY WHITE INVESTMENTS LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{10000000000000000000000000000000000$	8/07/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new register
ngent and/or the new registered office address here:	-
	G.
Name of New Registered Agent:	T.
N. D. C. 1005 All	
New Registered Office Address: Enter Flo	orida street address
	. o
Cin	, Florida
(IN	in core

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 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
AMBR	LINDSEY MARTHA KLEIN	821 LONGWOOD MARKHAM RD	□ Add
		SANFORD, FL 32771	■Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Remove
			□Add
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			□Change
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Note:	ive date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	26 JULY 2021
	Bun E10) Lista
	Signature of a member or authorized representative of a member
	BRUCE E WHITE Typed or printed name of signee

Filing Fee: \$25.00