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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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Amend

DEC 1 3 2019
I ALBRITTON

COVER LETTER

OUDIECT.		FFERENT PERSPECTIVE, L	LC		
SUBJECT:		Name of Limi	ted Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return	n all correspor	dence concerning this matter t	to the following:		
		KYLE W. JENRETTE			
			Name of Person		-
			Firm/Company		-
		7771 90TH WAY N.			_
		SEMINOLE, FL 33777	Address		
		WHOLEDIFFERENTPERS	City/State and Zip Code SPECTIVE@GMAIL.COM		-
		E-mail address: (1	to be used for future annual rep	oort notification)	
For further	information co	ncerning this matter, please ca	all:		
KYLE W	JENRETTE		727 455-0 at ()		
	Name of	Person	Area Code	Daytime Telephone Numbe	r
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ate of Status &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

WHOLE DIFFERENT PERSPECTIVE, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on OCTOBER 18, 2019 and assigned
Florida document number L19000265216	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	201 SE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	
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, 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	DALE W. JENRETTE	7771 90TH WAY N.	
		SEMINOLE, FL 33777	■ Remove
			Change
MGR	DALE W. JENRETTE	7771 90TH WAY N.	
		SEMINOLE, FL 33777	□ Remove
			Change
AMBR	KYLE W. JENRETTE	7771 90TH WAY N.	B Add
		SEMINOLE, FL 33777	Remove
			Change
			
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
OCTODED 15 2010
CCTOBER 15, 2019 E. Effective date, if other than the date of filing: (If an effective 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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated //-/4-/9
Signature of a member of authorized representative of a member
KYLE W. JENRETTE
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00