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(Ře	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

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O SIMMONS APR 1 4 2020

COVER LETTER

TO: Registration Se Division of Cor	porations		
WHITE SZ	AND PROPERTIES OF FOR I	MYERS BEACH, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JESSE SCHMID		
		Name of Person	
		Firm/Company	
	415 Palermo Circle		
		Address	
	Fort Myers Beach, Fl. 339	08	
		City/State and Zip Code	
	sales@schmidysmachinery.	.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please of		
Jesse Schmid		217 433-8978	
Name o	f Person	at ()	Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sec	tion
Division of C		Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White Sand Properties of Fort Myers Beach, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record hability Company)	<u>5.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 11/22/2019	and assigned
Florida document number L19000290290		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	202 0 K A
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	
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 office : agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	Y
	, Flo	orida Zip Code
	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, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR/AM	Jesse Schmid	415 Palermo Circle, Fort Myers Beach FL 33908	= Add
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ective date, if other than the a effective date is listed, the date muster. If the date inserted in this bloomment's effective date on the December 2.	ock does not mee	et the applicab	date of filing or le statutory fil	more than 90 d ling requireme	_ (optional) ays after filing nts, this date) g.) Pursi e will r	uant to 605.020 not be listed a
cord specifies a delayed effective s filed.	e date, but not an	effective time	e, at 12:01 a.n	n, on the earlie	erofi(b) T	he 90th	i day after the
		2020					
ed March 18			. •				
de S	Signature of a mer		ted representati	ve of a mainhee			

Filing Fee: \$25.00