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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	Whitehan Name of Lin	S Property N nited Liability Company	lanagement, LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	ita
	Whitehan	us Proporty 1	Management
	6809	Gidaon C	i/-
		Popular Lilly FC	
	Sean (	to be used for future annual report noti	ealty, win
For further information of	concerning this matter, please c		neation,
Sean Name o	•	at (813) 528 Area Code Daytim	3 - 0797 e Telephone Number
Enclosed is a check for t	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 Address Registration	Section	Street Address: Registration Sci	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	porations Callahassee
T 11 1	21 2221		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whitehous	s Proparty Management
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
	N/A/same
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	SS) N/A/Same
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A/Same
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	Seanwhite
New Registered Office Address:	6807 Gideon Cir Sap Enter Florida street address
_2	Enter Florida street address  2 physhills Florida 3354/  City Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:

New Registered Agent's Signature, it 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
MGR	James D White	2614 Millhopper Ave.	□Add
		2614 Milhopper AVe. Wossley chapel, FL 3354	3 DRemove
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			□Remove
		<del></del>	□Change
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