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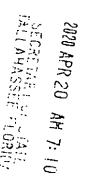
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## **COVER LETTER**

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Registration Section Division of Corporations

TO:

Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Wesley Whiteside  Name of Person  WHR Whiteside Home Renovations, LLC  Firm/Company  5416 Storm Rd  Address  Lutz, FL 33558  City/State and Zip Code  wwhiteside91@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please cali:  Wesley Whiteside  813  9563263  at (	
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Wesley Whiteside 813 9563263	
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Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scertificate of Status S55.00 Filing Fee Scertified Copy (additional copy is enclosed) S60.00 Filing Certificate of Certified Copy (additional copy is enclosed)	f Status & py
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

'WHR Whiteside Home Renovations, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{4/6/2020}{1}$ and assigned Florida document number \_\_\_\_\_\_L20000097647 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Whiteside Home Renovations, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Citv

\_, Florida \_

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>	Name	Address	Type of Action
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Effective date, if other than	the date of filing: (opti	ional)
(If an effective date is listed, the date Note: If the date inserted in thi	must be specific and cannot be prior to date of filing or more than 90 days after a block does not meet the applicable statutory filing requirements, the Department of State's records.	er filing.) Pursuant to 605.0207 (
the record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (	b) The 90th day after the
Dated	2020	
/,	In Will	
	signature of a member or authorized representative of a member	
Wesley Whiteside		

. . . .

Filing Fee: \$25.00