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COVER LETTER

TO:

| TO: Registration So Division of Con | | | |
|----------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | EAD AND SON LLC | , | |
| SUBJECT: | Name of Lin | nited Liability Company | · · · · · · · · · · · · · · · · · · · |
| . The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Parniya Whitehead | | |
| | | Name of Person | |
| | Whitehead and Son LLC | | |
| | | Firm/Company | |
| | 7913 Foxcatcher Court | | |
| • | | Address | |
| | Odessa, FL 33556 | | |
| | | City/State and Zip Code | |
| | Parniya@strteks.com | to be used for future annual report no | |
| For further information of | e-mail address: i | • | outication) |
| Parniya@strteks.com | | 434 8822706 | |
| Name o | of Person | at () Area Code Dayti | me 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 | | Street Address: Registration S | ection |
| Division of Corporations | | Division of Co | orporations |
| 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**

WHITEHEAD AND SON LLC

| (A Florida Limited I | ny as it now appears on our recor Liability Company) | <u>ds.</u>) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------|--|
| The Articles of Organization for this Limited Liability Company Florida document number 120000154691 | rticles of Organization for this Limited Liability Company were filed on 6/5/2020 a document number 120000154691 | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LL) | C" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 2020 Sec | |
| (Principal office address MUST BE A STREET ADDRESS) | 2339 Destiny Way | | |
| | Odessa, FL 33556 | | |
| Enter new mailing address, if applicable: | 7913 Foxcatcher Court | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Odessa, FL 33556 | | |
| | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>ente</u> | r the name of the new regi | |
| Name of New Registered Agent: | address on our records, <u>ente</u> | r the name of the new regi | |
| agent and/or the new registered office address here: | address on our records, enter | | |
| Name of New Registered Agent: | Enter Florida street addre | | |

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> | <u>Address</u> | Type of Action |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| MGR | JOSEPH WHITEHEAD | 615 ETHERIDGE COURT | = Add |
| | | CHESAPEAKE,VA 23322 | □ Remove |
| | | | □Change |
| MGR | ANTHONY WHITEHEAD | 7913 FOXCATCHER COURT | □ Add |
| | | ODESSA, FL 33556 | ≡ Remove |
| | | | Change |
| MGR | PARNIYA WHITEHEAD | 7913 FOXCATCHER COURT | □Add |
| • | | ODESSA, FL 33556 | ≡ Remove |
| | | | ☐ Change |
| MGR | CHRISTIAN WHITEHEAD | 7913 FOXCATCHER COURT | □Add |
| | | ODESSA, FL 33556 | |
| | | | □Change |
| | Addition of the contract of th | □Add | |
| | | □Remove | |
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| Effective date, if other than the date of filing: (optional) (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 600 More; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The effective date and elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d is filed. Dated November 29 2020 Signature of a number or authorized representative of a member | | | | |
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| | | signature of a member or authori | zed representative of a membe | ो र |
| | | Typed or printed | name of signee | · ·· ==== |