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| (Requestor's Name) |
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| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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2020 JUN 26 AM 7: 37



COVER LETTER ...

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: L. White House Realty LLC 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: |
| Month White Name of Person |
| Firm/Company |
| 4032 SILVEY Strand TRC |
| Palmeth, Ft. 34221 City/State and Zip Code Lamrswhite a yaboo. com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}}\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporations Division of Corporations |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2413 N. Monroe Succe, Suite 810
Tallahasson, FL 32303

ARTICLES OF AMENDMENT TO

| TO | |
|--|---|
| ARTICLES OF O | RCANIZATION |
| O | F 2023 JUN 26 AM 7: 3; |
| (Name of the Limited L | & Routhille |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on $\frac{0/22/2020}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | ty 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) | 1020 10th Diew Ralmetto, FL. 3422 Ste, 93 A (Unit) |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered |
| Name of New Registered Agent: | |

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Channian Desistant Ament Simuture of New Registered Ament

Enter Florida street address

_, Florida _

Zip Code

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 |
|--------------|-------------|-------------|----------------|
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| Note | tive date, if other than the date of filing: |
|---------|---|
| he reco | ord 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 filed. |
| Dated | 1 6/15/2023 . 2023. |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00