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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: Wither - Treyte Name of Limited L	Constiting, LC iability Company
The enclosed Articles of Amendment and fee(s) are submitte	d for tiling.
Please return all correspondence concerning this matter to the	e following:
Winneola,	Name of Person Freyre Con Sulting; LLC Firm/Con pany Ura St. Address Full 34715 v/State and Zip Code Cloud Com used for luture annual report notification)
For further information concerning this matter, please call:	
Rine of Person	at (954) 305 - 1441 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whiter-France	Consulting, LLC STET 17 PH 4:03
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number \(\bigcup \) \(\	Company were filed on July 21, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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, 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	Audrey J. Cruz-Freyre	1520 Finchburg St.	🗆 Add
		1520 Finchburg St. Minneola, Fr. 34715	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	the date must be specific d in this block does n	and cannot be prior to do on meet the applicable	ate of filing or more th		ling.) Pursuant to 605.0207
he record specifies a delay- ord is filed.	ed effective date, but	not an effective time,	at 12:01 a.m. on th	e carlier of: (b)	The 90th day after the
Dated August		4. 2020.		RU	1
J	-/ X		/		
J 	Signature o	a member or authorize	d representative offar	member	Rineo ULi