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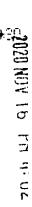
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COVER LETTER

TO:

Registration Section Division of Corporations

KARLA W	HITE, LLC	•	
30B3CCT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JEFFREY A. FADLEY, R	EGISTERED AGENT	
	<u></u>	Name of Person	
	JEFFREY A. FADLEY, P.	Α.	·
		Firm/Company	
	180 NW 3RD AVENUE, S	SUITE A	
	-	Address	
	OKEECHOBEE, FLORID	A 34972	
		City/State and Zip Code	
	rosanna@fadleylaw.com		
	E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please co	all:	
Jeffrey A. Fadley		863 763-5733	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Se Division of Col The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARLA WHITE, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears o da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number 1.20000252628	Company were filed on Augus	st 17, 2020 and assig
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 "Lin	mited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADD	RESS)	
		· on [
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		: :
		72
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, enter the name of the new
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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documer 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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of A
AMBR	KARLA WHITE	8040 NW ONE 44TH TRAIL	= Add
		OKEECHOBEE, FLORIDA 34972	□Remo
			□Chang
			□Remov
		.	□Change
			ZONIA TOVERNON
			6 Change
			'MAdd □Remove
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Note: If the date inserted in thi	must be specific and cannot be prior to date of filing s block does not meet the applicable statutory e Department of State's records.	
ne record specifies a delayed effeord is filed.	ctive date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day af
Dated	2020	
Aug A	JAM /	
- your	Signature of a member or authorized representa	ative of a member
ا ت JEFFREY A. FADL	EY, REGISTERED AGENT	
	Typed or printed name of sign	ee

Filing Fee: \$25.00