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Special Instructions to f	-iling Oπicer:	





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COVER LETTER

TO: Registration So Division of Cor				
	RDS ENTERPRISES, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The male the Satura		and the second		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	KIM BUSSE / BRENDA	WOOD	~ 1	
		Name of Person		
	AMERICAN ACCOUNTS	ING	- H	
		Firm: Company		
	4509 BEE RIDGE RD SU	ITE C	2020 DEC 14 PM 3: 00 SEGNATION OF STATE SEGNATION OF SEE, FIL	
		Address	- S.	
	SARASOTA, FL 34233		က်ပြ ု ယု	
		City/State and Zip Code		
	${\tt INFO} \dot{\psi} {\tt AASRQ.NET}$		• •	
	E-mail address: (to be used for future annual report notifications		
For further information of	concerning this matter, please c	all:		
BRENDA WOOD		941 371-0008		
Name (of Person	at () Area Code Daytime Feleph	one Number	
Enclosed is a check for t	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 Addre		Street Address:		
Registration Division of C		Registration Section Division of Corporation	ons	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITE BIRDS ENTERPRISES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L20000296479	were filed on 09 21 2020	and assigned
This amendment is submitted to amend the following:		2020
A. If amending name, enter the new name of the limited liable with the Bird. The new name must be distinguishable and contain the words "Lamited Liabil	Beautu	THE or the abbreviation T.L. C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	PH 3: 01
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records,	enter the name of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street	aldi ess
		, Florida
	Cay	Zip Code

New Registered Agent's Signature, it 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 Type of Action Title <u>Address</u> <u>Name</u> DbA□ ____ Change _____ 🗀 🖂 🗆 🗆 🗆 🗆 🗆 🗆 Remove □Add_ Change _____ □Change _____ 🗀 Add _____ ERemove _____ Change _____ 🗀 Add

_____ □Change

If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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_		
If an effecti <u>Note:</u> 11	e date, if other than the date of filing: (optional) tive 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 605 0207 (3) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.	
e record's rd is filed	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 3.	
Dated <u>T</u>	December 11th, 2020.	
	Signature of a member or authorized representative of a member	
	KIMBERLY BUSSE	
	Typed or printed jume of signee	

Filing Fee: \$25.00