## K21000180937

(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corpor	ations		
SUBJECT: H ← H C	ertified Pub Name of Limi	lic Account	ants LLC
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Gretl	5iler	
		Name of Person	
	<del>, , ,</del>	Firm Company	
	1217 Jer	nks Aue Address	
	Panama C	City FL 3 City/State and Zip Code  hthouse cpa o be used for future annual repo	2401
-	grett@ liq E-mail address: 1)	hthouse cpa	S.COM ort notification)
For further information conc	erning this matter, please ca	H:	
Great Sile	eson	at ( <u>850</u> ) <u>3(</u> Area Code I	37-5290 Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 Filing Fee [	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

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

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

Half Certified Public A (Name of the Limited Liability Compan (A Florida Limited Li	Accountants LLC  ny as it now appears on our records.)  iability Company)	
The Articles of Organization for this Limited Liability Company value of Ocument number $\frac{L21000180937}{L}$ .	were filed on 4.19.2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile  White Sands Certified Publi  The new name must be distinguishable and contain the words "Limited Liabili		oreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	260 Race Track 7 Ft. Walton Beach.	
Enter new mailing address, if applicable: Same. (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		F.3
New Registered Office Address:	Emer Florida street address	***
	, Florida	Zip Code5
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 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	Gregory Behan	26D Race Track Road NW	
	·	26D Race Track Road NW Fr. Walton Beach, FL 325	47□Remove
			XChange
			□Add
			□Remove
			□Change
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(If an effe Note:	the date, if other than the date of filing:
he record ord is file	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 d.
Dated_	July 27 . 2021.
	Signature of a member or authorized representative of a member
	/ /
	Grett Siler

Filing Fee: \$25.00