

7/12/2021

Buchanan Ingersoll + Rooney 4125621041  
Division of Corporations

Florida Department of State  
Division of Corporations  
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Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE  
Account Number : I19990000148  
Phone : (813)769-7692  
Fax Number : (813)223-6121

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Email Address: pam@acrc@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WHITESIDE WILLIAMS FAMILY, LLC

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SECTION 607.01, F.S.  
FALL 2021

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BB  
7/20/21

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WHITESIDE WILLIAMS FAMILY, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 19, 2021 and assigned  
Florida document number L21000231929

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Pamela LaCrosse

New Registered Office Address:

3303 W. Morrison Avenue

Enter Florida street address

Tampa

Florida 33629

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.*

Designated by:

Pamela LaCrosse

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Janice Davis	2906 Deer Run N.	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathleen Saunders	3303 W. Morrison Avenue	<input type="checkbox"/> Add
		Tampa, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective 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)(h)

Dated \_\_\_\_\_, 2021

Pamela LaCrosse

Signature of a member or authorized representative of a member

Typed or printed name of signee