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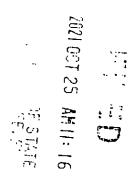
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(Business Entity	Name)
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: L,W,H	Properties, LLC	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lisa Wrice	P-Henderson Name of Person	
	L.W.H. Prope	Prties_LLC. Firm/Company	
	P.D. Box	1014 Address	
	- Valrico, Fl	L 33595 - 1014 City/State and Zip Code	
	1150wrice S E-mail address: (Segmail. Com to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Lisa Wrice -	Henderson of Person	at (<u>\$13</u>) <u>315 - C</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$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	<u>ss:</u>	Street Address:	

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

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

U	/·· , .
	The state of the s
L.W.H. Properties.LLC.	* t/
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records 25 Aii 11: 16
he Articles of Organization for this Limited Liability Company	wars filed on 05/13/2021 Link assigned
	were fried on OSTIVITE AND assigned
lorida document number <u>L H1000 Holot 73</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	pility company here:
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office	address on our records, enter the name of the new regis
gent and/or the new registered office address here:	
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

11 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
AMBR	Jermaine A. Wrice	113ile Louisa May Way	□Add
		Riverview, FL 33569	Remove
			Change
AMBR	Unise H. Aclams	865 Michigan Avenue	□Add
		Apt. 608	⊠Remove
		Buffalo, NY 14203	□Change
AMBR	Kristen Duer	11316 Louisa May Way	🗆 Add
		Riverview, FL: 335/09	Remove
			□ Change
			□Add
			- The move
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□ Channa

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Note: If	date, if other than the date of filing:
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Lisa H. Wrice-Henderson