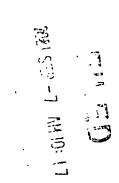
L21000329567

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone	- #N
(5)	tyrotaterzipii none	÷π)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
-	,	,
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	i mig emeer.	

Office Use Only



700372955927



09/08/21 - 01004--001 **25.00

Amund

SEP 08 2021 I ALBRITTON 2021 SEP -7 PM 4: 00

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WHITEWATER WASH ORLANDO	LLC
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	✓ Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: BA 9/03/21	UCC 1 or 3 File
	me UCC 11 Search
	UCC Retrieval
Walk-In Will Pick Up _	Courier

COVER LETTER

TO:

Registration Section

Division of	Corporations		
Whitew SUBJECT:	ater Wash Orlando LLC		
	Name of L	imited Liability Company	
The second of the second			
	of Amendment and fee(s) are su		
Please return all corre	spondence concerning this matte	er to the following:	
	Elliot Sumner Jordan		
		Name of Person	
	Whitewater Wash Orland	lo LLC	
		Firm/Company	
	1847 Loftway Cir Unit 2	26	
		Address	
	Orlando, FL 32826		
	elliotsumnerjordan@gmai	City/State and Zip Code	
			/
For further information	concerning this matter, please	(to be used for future annual report not call:	ification)
Elliot Sumner-Jordan		407 462-4055	
Name	of Person	at ()	ne Telephone Number
		Dayini	ie Telephone Number
Enclosed is a check for	the 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 the	Section Corporations	Registration Sec	ction
P.O. Box 63	27	Division of Con	porations
Tallahassee,	FL 32314	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our recor Liability Company)	'ds.)
he Articles of Organization for this Limited Liability Company lorida document number <u>L21000329567</u>	were filed on 7/20/21	and assigned
his amendment is submitted to amend the following:		
L If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		72 (22 (42)
		(3 "]
	-	1 .44
nter new mailing address, if applicable:		·1
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	r the name of the new regist
New Registered Office Address:		
The state of the s	Enter Florida street addre	ss
·	, F	lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Whitewater Wash Orlando LT C

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.

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>	Name	Address	Type of Action
AMBR	Elliot Sumner-Jordan	1847 Loftway Circle	
		Unit 226	□Remove
•	Orlando, FL 32826	■Change	
			□Add
			□ Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add

_	
_	
_	
<u></u>	
_	
_	
-	
Effectiv	e date, if other than the date of filing:
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
iocumen	it's effective date on the Department of State's records.
record : d 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
Dated	
Dated	(
Dated	Celliet Summer - Gordan
Dated	Collect Support - Gordan Signature of a member or authorized representative of a member

1711 M