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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: WILL	-ITE EHP Name of Lin	LLC nited Liability Company			
	Amendment and fee(s) are sub	~			
Trouse rollan, an contempo	-	Name of Person			
		EHP LLC Firm/Company			
		ST N. STE			
	ST. PETERSE Charisma95 E-mail address: (	3024, FL 3 City/State and Zip Code 920 mail to be used for future annual report n	3702 COM	2021 SEP 27	#3790 # (*
For further information co	oncerning this matter, please co	all:	- - -		।  
Elon Ho Name of	Person	all: at (321) 250 Area Code Days	OO69	2: 19	<b>V</b>
Enclosed is a check for th	e 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 Filin  Certificate of Certified Contact (additional contact)	of Status &	

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

WILHITE EHP	LLC
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on 08-12-2021 and assigned
Florida document number L 2 i 000 3 6 3 6 3 9	
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the limi	ted liability company here:
the same same same same same same same sam	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)
F-4	27
Enter new mailing address, if applicable:	3
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	9
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
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

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

Title	Name	Address	Type of Action
AMGR	Elon Horsham	7901 4TH ST N. STE 300 ST. PETERSBURG, FL 33702	VAdd
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