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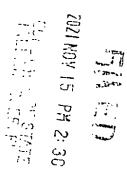
| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Addi | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Busi | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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11/15/21--01031--014 **25.00



A. BUTLER
DEC _ 3 2021

COVER LETTER

TO:

Registration Section
Division of Corporations

| White St SUBJECT: | one Excavating, LLC | | • |
|--|---|--|--|
| эоыест: | Name of Lin | nited Liability Company | - |
| The enclosed Articles | of Amendment and fee(s) are sul | binitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Emily Coffel | | |
| | | Name of Person | · • • • • • • • • • • • • • • • • • • • |
| | White Stone Excavating, I | J.C | |
| | | Firm/Company | |
| | 2032 SE 27th Rd | | |
| | | Address | |
| | Ocala, FL 34471 | | |
| | | City/State and Zip Code | |
| | emilycoffel@gmail.com | | |
| | | to be used for future annual report not | ification) |
| For further information | concerning this matter, please c | all: | |
| Emily Coffel | | 352 233-7698 | |
| Name | of Person | | ne 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 Addr Registration Division of P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FA ED

| White Stone Excavating, LLC | | 7021 NOV 15 PM 2: 30 |
|---|---|--|
| (Name of the Limited Liabili | ity Company as it now appears on or a Limited Liability Company) | ir records.) |
| | | OESTATE |
| The Articles of Organization for this Limited Liability (| Company were filed on 11/01/20. | and assigned |
| Florida document number L21000472693 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | |
| | | |
| | | ** |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | <u></u> | |
| B. If amending the registered agent and/or registered | d office address on our records | , enter the name of the new registere |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stre | et uddress |
| | | , 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 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> | Type of Action |
|--------------|-----------------|---------------------------------|----------------|
| MGR | Jehoshua Coffel | 2032 SE 27th Rd Ocala, FL 34471 | = Add |
| | | | □ Remove |
| | | | □ Change |
| | | | □Add |
| | | □Remove | |
| | | | □Change |
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| fective | date, if other than the date of filing: (optional) |
|---------------------------|---|
| ın effecti ote: If 1 | ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| | 's effective date on the Department of State's records. |
| | |
| ecord spited. | 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 |
| | |
| ated | NOVEMBER 9 2021 EMILY WHY Signature of a member or authorized representative of a member |
| | T-101.1.1 1. 10 1 |
| | Erruy Wittel |
| | Signature of a member or authorized representative of a member |
| | Emily Coffel |
| | Typed or printed name of signee |