Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : GREENBERG TRAURIG (ORLANDO) Account Number : 103731001374

Phone : (407)418-2435 Fax Number : (407)420-5909

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mitch@gitterlabs.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 417 SW CALIFORNIA LLC

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Electronic Filing Menu Corporate Filing Menu

Help

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From Heather Inving

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

417 SW CALIFORNIA LLC				
(Name of the Limits	ed Liability Com (A Florida Limited	nny as it now appears on our I Liability Company)	records.)	_
The Articles of Organization for this Limited Li. Florida document number L21000532092 This amendment is submitted to amend the followard for the new name of	ability Compan owing: the limited lia	y were filed on December	22. 2021 an	DEC 29 AM 10: 1
The new name must be distinguishable and contain the w		n/my Company, the designation n/m	in the of the appreviate	.541 \$2.50.50
Enter new principal offices address, if applica	able:	11/4		
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office	e address on our records	, enter the name of th	e new registered
New Registered Office Address:		Enter Florida stree	et address	<u></u>
		City	Florida	Code
New Registered Agent's Signature, if changing I				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibering filed to merely reflect a change in the acompany has been notified in writing of this	er and comple stered agent a registered offu change.	te performance of my du s provided for in Chapte	ties, and I am familion of the familion of the familion of the firm that the limited I	ur with and document is liability
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From; Heather Irving

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

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(((H21000471892 3)))

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Mitchell White	2098 NE Ginger Terrace	□Add
		Jensen Beach, FL 34957	Remove
			□Change
MGR Mi	Mitchell White	2098 NE Ginger Terrace	□Add
		Jensen Beach, FL 34957	■Remove
MGR	Mitch White Capital, LLC	2098 NE Ginger Terrace	■Add
		Jensen Beach, FL 34957	
			□Remove
			Change
			□Remove
			(I) Change
			□Add
			□Remove
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ite: If the date inserted in this bloc	k does not meet the applicable	statutory filing requireme	ints, this date will not be listed a
cument's effective date on the Dep	artment of State's records.		
ecord specifies a delayed effective of	date, but not an effective time,	at 12:01 a.m. on the carlic	er of: (b) The 90th day after th
is filed.			
December 28	2021		
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	Myr		
S	ignature of a member or authorize	ed representative of a member	-
Mitchell White, Authorize			
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