L22000139250

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TO:	Registration So Division of Cor			
CHD III	WHATSIT			
SORIE	CT:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Shawna Lynne Berges		
			Name of Person	
		WHATSIT LLC		
			Firm/Company	
		12611 Eloain Dr.		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Thonotosassa, FL 33592		
			City/State and Zip Code	
		berges.shawna@gmail.com	to be used for future annual repor	· mativacions
For furtl	ner information c	oncerning this matter, please co	·	(Rouneanon)
Shawna	Lynne Berges		863 397-884 at ()	
	Name o	f Person	Area Code Da	sytime Telephone Number
Enclosed	d is a check for th	ne 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 Addres Registration 5 Division of C	Section	Street Addres Registration	

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

WHATSIT LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/21/2022 Florida document number <u>L22000139250</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1719 S Civitan Ave Enter new principal offices address, if applicable: Lakeland, FL 33801 (Principal office address MUST_BE A STREET_ADDRESS) 1719 S Civitan Ave Enter new mailing address, if applicable: Lakeland, FL 33801 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

_, Florida <u>__</u>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or_remôved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an e Note	therive date is listed, the date:	must be specific and cannot a block does not meet the	e applicable statutory	or more than 90 days after	filing.) Pursuant to 605.0207 (3)6 date will not be listed as the
if the rece record is	ord specifies a delayed effectiled.	ctive date, but not an effe	ective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Date	September 14th	202	2		
Date					
	DH 3-		r or authorized represer		

Typed or printed name of signee