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22 MAY 10 PM 12: 13

SECRETARY OF STATE DIVISION OF CORPORATION

T. MATTHEWS

JUL - 8 2022

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bradley M White		
		Name of Person	
	Bradley M White Enterpris	ses LLC	
		Firm/Company	
	102 SW 96th Lane		
		Address	
	Coral Springs, FL 33071		
		City/State and Zip Code	
	brad.white81@yahoo.com		··
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please co	all:	
Bradley M White		954 3250041 at ()	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
		☐ \$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		Street Address:	
Registration S Division of C		Registration So Division of Co	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

22 MAY 10 PH 12: 13

Bradley M White Enterprises LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (Company were filed on 4/11/2022	and assigned
Florida document number L22000172738	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		, Florida Zip Code
	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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
		□Add	
			□Remove
		□Add	
			□Remove
			□Change
		🗀 Add	
		□Remove	
		Remove	
			□ Change

	
-	
active .	date, if other than the date of filing: (optional)
i effectiv <u>te:</u> If tl	re 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 605.020 ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ıed	5/5/2022
	Fuly M White
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00