	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
 	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	OCT 2 1 2022





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Hiling KMMOUSS (850) 777 4363

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: W/	lite Seagrape	e Pebble, LL(n
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Francisco	o M. Granda	<u> </u>
	White Sea	grape Pebble	LLC
		ayshore Drive	
	Treasure	Island, FL	33706
	drgrand J-mail address:	City/State and Zip Code a bell sout to be used for future annual report not	th. net
For further information c	oncerning this matter, please c		
Francisco 1	M. Granda	at (305) 790	1-3527
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	L \$55.00 Filling Fee & Certified Copy (additional copy is circlised)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed.

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



White Seagrape Pebble, 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 9/12	/2022	and assigned
Florida document number L22000398577			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the ab	hrevintion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Production of the state of the			
Enter new mailing address, if applicable:		····	
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Florida s	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am forter 605, F.S. Or,	amiliar with and if this document is
If Chan	ping Registered Agent.	Signature of New Reg	ictored Auent

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	<u>Name</u>	Address	Type of Action
MGR	Nancy Lake	2248 Meridian Blvd., Ste H	_ DAdd
		Minden, NV 89423	∀ Remove
			□Change
MGR_	Francisco M. Granda	7467 Bayshore Drive #302	<u>√</u> V Add
		Treasure Island, FL 33706	□Remove
			OChange
			□Add
			□Remove
		** *** *** *** *** *** *** *** *** ***	Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			Change

Note:	tive date, if other than the date of filing:
ne reco ord is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fied.
Dated	October 10 2022
	Signature of a member or authorized representative of a member
	Francisco M. Granda, Manager
	Typed or printed name of signee

Filing Fee: \$25.00