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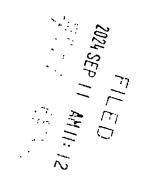
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: Whi	te Ashes LLC		
SORTECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rachel	Herrism	
		Name of Person	
		Firm/Company	
	- WN PITE	71st Ave	
		Address	
	Tamarac, F	City/State and Vin Code	
	Harrismrsza	City/State and Zip Code 108@amail. Com to be used for fluture annual report noti	
For further information c	oncerning this matter, please ca		(ication)
Ruchel Harry	San	at (<u>760</u>) <u>261 - 18</u>	35
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
 √ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF C	DRGANIZATION Zoo &
O	OF CASES CENTRAL
(Name of the Limited Liability Compa (A Florida Limited)	ORGANIZATION OF Uny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/29/2022 and assigned
Florida document number 122000 503169.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
NIA	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7540 W Mc Nab Road + E8
(Principal office address MUST BE A STREET ADDRESS)	North Lauderdale, FL33068
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7540 W McNab Road # E8 North Landerdale, FL 33068
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	NIA
New Registered Office Address:	Enter Florida street address
	, 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>	Address	Type of Action
		NIA	□Add
			□Remove
		Change	
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

	NIA
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ffect	ive date, if other than the date of filing:
an cfi	ective 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 i
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the service of the date on the Department of State's records.
	·
recor	d 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
is tī	led.
ated	September 4th 2024
	September 4th . 2024. Rectal Ham- Signature of a member or authorized representative of a member
	Rom Gel Ham
	Signature of a member or authorized representative of a member