123000049900

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

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COVER LETTER

O: Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | • | |
|-------------------------------|--|---|--|
| White Dog | | | |
| UBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| he enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| lease return all correspo | ndence concerning this matter | to the following: | |
| | Ana M Santisteban | | |
| | | Name of Person | |
| | Richard J Diaz PA | | |
| | ··· | Firm/Company | |
| | 3127 Ponce De Leon, Blvd | l. | |
| | | Address | |
| | Coral Gables, FL. 33134 | | |
| | | City/State and Zip Code | |
| | annie@rjdpa.com | | |
| | | to be used for future annual report noti | fication) |
| For further information e | oncerning this matter, please ca | all: | |
| Ana M Santisteban | | 305 444-7181 at () | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| inclosed is a check for the | 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 S | | <u>Street Address:</u> Registration Se | ction |
| Division of C P.O. Box 632 | Corporations | Division of Cor The Centre of 1 | rporations |
| | · 1 | i ne clenire of i | rananassee |

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| White Dog LLC | | |
|---|---|-------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| e Articles of Organization for this Limited Liability Compar | ny were filed on | and assigned |
| orida document number L23000049900 | | |
| is amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited lix | ability company here: | |
| e new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| ter new principal offices address, if applicable: | | |
| rincipal office address MUST BE A STREET ADDRESS) | | |
| | | |
| iter new mailing address, if applicable: | | |
| Tailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| If amending the registered agent and/or registered offic ent and/or the new registered office address here: | e address on our records, <u>enter the n</u> | ame of the new register |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | • |
| | , Florida | |
| | City | ~ |

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f 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>Γitle</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|---------------------------|-----------------|
| AMBR | Frank Rubino | 550 Biltmore Way, #780 | = Add |
| | | Coral Gables, FL. 33134 | □Remove |
| | | | |
| AMBR | Ana M Santisteban | 3127 Ponce De Leon, Blvd. | |
| | | Coral Gables, FL. 33134 | ≡ Remove |
| | | | □Change |
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| fective date, if other than | the date of fil | 09/12/202 | 23 | | (optional) | |
| an effective date is listed, the dat | e must be specific | and cannot be pri | | | ys after filing.) Pursu | |
| ote: If the date inserted in the comment's effective date on t | | | | filing requirement | nts, this date will n | ot be listed as |
| | no Dojamanom o | Ji duite g record | 1 | | | |
| record specifies a delayed eff | Sective date but | not un effective | 12:01 c | n on the earlie | rof (b) The 90th | day after the |
| is filed. | conve date, but | not an effective | | i,iii. on the carre | 101.10) 1110 2011 | day arter the |
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| September 12 | | 2023 | :\ V . / | | | |
| ated | | -, 2023 | K · / | | | |
| ated September 12 | | | | | | |
| Pated September 12 | Signature o | _, _ | trofized represent | lative of a member | | |