## L23 000 150814

(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			<b>ā</b> .	
SUBJE	·CT.	WITTE P	L HOLDINGS LLC		
SUBJE		Name of Li	nited Liability Company		
The end	:losed Articles of a	Amendment and fee(s) are st	bmitted for filing.		
Please (	return all correspo	ndence concerning this matte	r to the following:		
			Name of Person		
		WITT	E FL HOLDINGS L	<u>u</u>	
		1217 No	cmandy Hetghts Cic	<u>cle</u>	
		E-mail address	er Haven, FC 338  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	<u>ı</u>	
For furt	her information co	oncerning this matter, please			
	U Name of	IKE WITTE	at (863) 308-4 Area Code Daytime Telephor	2023 PR 17 P	
				7	•
Enclose	ed is a check for th	e following amount:		E.C.	; ; ;
<b>5</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	2

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

WHIEFL	HOLDINGS LLC
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany ay it now appeary on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{3/24/2023}{3}$ and assigned
Florida document number	
This amendment is submitted to amend the following:	
This attendation is submitted to affects the tonowing.	
A. If amending name, enter the new name of the limited I	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
	ce 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:	~ 20
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	int:
I hereby accept the appointment as registered agent and a	ent: agree to act in this capacity. I further agree to comply with the element of my duties, and I am familiar with and it.
protitions of all statutes retained to the project and compre	ete performance of my duties, and I am familiar withwind; as provided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered off	
company has been notified in writing of this change.	

If Changing Registered Agent, Signature of New Registered Agent

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	Arthur Witte	847 Buttercup Dr.	_ EAdd
		847 Buttercup Dr. Lakeland, PL 33801	□Remove
			□Change
<u>fambr</u>	Luke Witte	1217 Normendy Heights Cir	·_ □Add
		1217 Normandy Heights Cir Winter Haven, PC 33880	_ ERemove
			Change
			□Add
			□Remove
			Change 223 APR 17 AF 10 0
			_ DAdd
			_ □Remove:
			_ □Change : Tri
			□Add
			□Remove
			_ Change
			□Add
			□Remove
			El Charma

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		וו
Note: 1	re date, if other than the date of filing:	0207 (3)(b) d as the
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
Dated _	April 11th 2023	
	Signature of a member or authorized representative of a member	
	Luke Witte Typed or printed name of signee	

Filing Fee: \$25.00