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COVER LETTER

fO: Registration Se Division of Cor				
HRIECT Whitne	an Industrial	Home Care LL	_	
JOBSECT. VOICE	Name of Lim	ited Liability Company		
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Candar Ryan Whitman Name of Person Firm/Company 1/301 Balia Laso Cour Maddisonal Address Watter Park, F.C. 32 792 City/State and Zip Code Candarwhitman & City/State and Zip Code Candarwhitman & Com E-mail address: (to be used for future annual report notification) reconcerning this matter, please call: yan Whitman at (407) 708 - 8555 of Person at (407) 708 - 8555 of Person Telephone Number the following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Street Address:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Cande	Ryan Whitm	-u^	

		Firm/Company		
	1134 Bella	Lago Com Most	COOL AGENTAGE	
	•	Address		
	In he Park	E(37767		
	Winter Fair	City/State and Zip Code	<u></u>	
		•		
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please co	all:		
Panden Lu	an Whitman	407, 708-	8555	
Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres			•••	
Registration 5 Division of C		Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of T	allahassee	
Tallahassee, f	FL 32314	2415 N. Monroc	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whitmas Industrial Home Care ILC

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of Horida document number $\angle 2300237775$.	n OS/15/202> and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compar	ny here:
Black Label Supply Co. LLC The new name must be distinguishable and contain the words "Limited Liability Company."	
he new name must be distinguishable and contain the words "Limited 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 ADDRESS)	2
	21123
	Ö
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	ν ω
If amending the registered agent and/or registered office address on o gent and/or the new registered office address here:	ur records, <u>enter the name of the new regist</u> o
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Change
			□Add
			Remove
			□Change
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ctive date, if oth	her than the date of fili	ng:		_ (optional)	
effective date is liste - If the date inse	ed, the date must be specific a	and cannot be prior to date	of filing or more than 90 catutory filing requirements	ays after filing.) Pursuant to 6 ents, this date will not be li	05,020 sted a
ment's effective	date on the Department of	f State's records.	maior, ming requirem		
	layed effective date, but n	ot an effective time, at	12:01 a.m. on the earli-	er of: (b) The 90th day at	ter the
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	moer 25th				
	(h -				
		•			
	Signature of	a member or authorized r	epresentative of a membe	•	