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04/18/24--01028--006 \*\*25.00

## **COVER LETTER**

	istration Secsion of Cor			
SHD IEZT.	Whale Cust	om Homes LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The analogad	Satislas of	Amoundmans and Cover and and	minut conflic	
rne enctosed	Articles of a	Amendment and fee(s) are sub	mitted for tiling.	
Please return	all correspon	ndence concerning this matter	to the following:	l l
		Derek Nier		
			Name of Person	
		Whale Roofing & Constru	ction	
			Firm/Company	<del></del>
		734 Camino Gardens Land	:	
			Address	
		Boca Raton FL 33432		
		<del></del>	City/State and Zip Code	
		derek@whaleroofing.com		
For further in	formation co	n-man address: ( oncerning this matter, please c	to be used for future annual report no all:	otification)
Derek Nier		<b>3</b>	561 859-9848	
	Name of	Person	at ()	me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ling Address distration S dision of Co distance Box 632' lahassee, F	ection orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whale Custom Homes 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 03/19/24 and assigned Florida document number <u>L24000136076</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 734 Camino Gardens Lane LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 734 Camino Gardens Lane Enter new principal offices address, if applicable: Boca Raton, FL 33432 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: New Registered Office Address: Enter Florida street address Florid 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  $\frac{1}{4}$ m 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 Changing Registered Agent, Signature of New Registered Agent

AGR = AMBR =	Manager - Authorized Member	NA	
<u>`itle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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			□Change

It amending any other informa	etion, enter change(s) here: (Attach additional shee	ts, if nece <b>ss</b> ary.)
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Effective date, if other than the	date of filing:st be specific and cannot be prior to date of filing or more than 90	(optional)
(If an effective date is listed, the date must Note: If the date inserted in this bl	st be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requirer	days after fi <b>ling.)</b> Pursuant to 605,0207 nents, this date will not be listed as
document's effective date on the D	epartment of State's records.	
ne record specifies a delayed effectiv	re date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
ord is filed.		
April 15th	2021	ll l
Dated April 15th	2024	
<del></del>	Signature of a member or authorized representative of a member	
	ingulatore of a memory or authorized representative of a memb	KCI
Derek Nier		
		11

Filing Fee: \$25.00