

L1000011962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

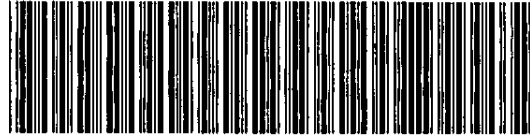
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: White Sands Global, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josselyn Gonzalez
Name of Person
Marlowe McNabb, P.A.
Firm/Company
1560 W. Cleveland St.
Address
Tampa, FL 33606
City/State and Zip Code
dmseckinger@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josselyn Gonzalez at (**813**) **251-3013**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2015

JOSSELYN GONZALEZ
1560 W CLEVALND ST
TAMPA, FL 33606

SUBJECT: WHITE SANDS GLOBAL LLC
Ref. Number: L10000111962

We have received your document for WHITE SANDS GLOBAL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 615A00001929

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

White Sands Global 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 10/27/2010 and assigned Florida document number L1000011962.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

King Enterprises Group, LLC

The new name must be distinguishable and end with 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)

13014 N. Dale Mabry Hwy
Suite 313
Tampa, FL 33618

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

Deird M. Seckinger

New Registered Office Address:

13014 N. Dale Mabry Hwy, Suite 313
Enter Florida street address

Tampa, Florida 33618
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.

Deird M. Seckinger
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u> <u>PREZ</u>	<u>Derek M Seckinger</u>	<u>13019 N. Dale Mabry Hwy</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 313</u>	<input type="checkbox"/> Remove
		<u>Tampa, FL 33618</u>	
<u>MGR</u> <u>VP</u>	<u>Stacy Reisinger</u>		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>KRM Trust</u>	<u>3621 Benecaid St</u>	<input type="checkbox"/> Add
		<u>Land O Lakes FL 34678</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Feb 3, 2015.

Stacy Alan Reisinger
Signature of a member or authorized representative of a member

Stacy Alan Reisinger
Typed or printed name of signee

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