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TALLAHASSEE, FLORIDA

JUN 05 2015

J SHIVERS

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: \_\_\_\_\_

White Sands, 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:

Robert DiGeronimo

Name of Person

White Sands, LLC

Firm/Company

269 Arbor St.

Address

Lunenburg, MA 01462

City/State and Zip Code

robdiq37@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert DiGeronimo

Name of Person

at (978) 660-4516

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

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

White Sands, 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 April 7, 2006 and assigned  
Florida document number L05000034357

This amendment is submitted to amend the following:

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

White Sands View, LLC

The 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:

269 Arbor Street

**(Principal office address MUST BE A STREET ADDRESS)**

Lunenburg, MA 01462

Enter new mailing address, if applicable:

269 Arbor Street

**(Mailing address MAY BE A POST OFFICE BOX)**

Lunenburg, MA 01462

**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:

URS AGENTS LLC

New Registered Office Address:

1540 Glenway Drive

Enter Florida street address

Tallahassee

Florida 32301

City

**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.*

*Amanda Cardero*  
**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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5201-41-21-11A1  
EX-1041-03-11-11A1

15 JUN -3 AM 1:30

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member managing member

Robert DiGeronimo

Typed or printed name of signee