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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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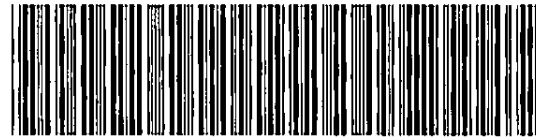
(Business Entity Name)

(Document Number)

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D. SCOTT
OCT 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White SANDS TANNING 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:

MICHELLE BRAKE
Name of Person
White Sands Tanning LLC
Firm/Company
205 N. Main St.
Address
Crestview FL 32536
City/State and Zip Code
whitesands.beautystudio@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE BRAKE at 850, 826-3591
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

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

WHITE SANDS TANNING 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 9/23/2008 and assigned Florida document number CE9976369.

This amendment is submitted to amend the following:

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

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:

(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:

MICHELLE BRACE

New Registered Office Address:

205 NORTH MAIN STREET

Enter Florida street address

CRESTVIEW

City

, Florida

32536

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.


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> |
|--------------|-------------------|---------------------|---|
| MGR OWNER | MICHAEL GARDNER | 4808 NORIX DR | <input type="checkbox"/> Add |
| | | CRESTVIEW, FL 32539 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | HELEN OSTRANDER | 4074 SCARLET DR | <input type="checkbox"/> Add |
| | | CRESTVIEW FL 32539 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR OWNER | MICHELLE BLAKE | 1202 GRANDVIEW DR | <input checked="" type="checkbox"/> Add |
| | | CRESTVIEW FL 32539 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CHRISTOPHER BLAKE | 1202 GRANDVIEW DR | <input checked="" type="checkbox"/> Add |
| | | CRESTVIEW FL 32539 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

TRANSFERRING OWNER OF LLC WHITE SANDS.

E. Effective date, if other than the date of filing: 9.25.17 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 9/25/, 2017.

Helen E. Ostrander

Signature of a member or authorized representative of a member

HELEN E OSTRANDER.

Typed or printed name of signee