

09000015025

Florida Department of State
Division of Corporations
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H180003459693ABCC

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WHITE CLOUD, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$55.00

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DEC - 6 2018

EXAMINER

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2018 DEC -5 PM 2:02

2018 DEC -5 AM 9:55

LED

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
OF
WHITE CLOUD, LLC**

The Articles of Organization of White Cloud, LLC, a Florida limited liability company (the "Company"), were filed with the Florida Department of State on August 5, 2009 under Document Number L09000075025. Pursuant to Section 605.0202 of the Florida Revised Limited Liability Company Act (the "Act"), the Articles of Organization of the Company are hereby amended and restated in their entirety to read as follows:

ARTICLE I - NAME

The name of the Company is White Cloud LLC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company is 9209 Charles E. Limpus Road, Orlando, Florida 32836.

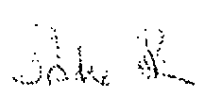
ARTICLE III - REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 9209 Charles E. Limpus Road, Orlando, Florida 32836. The name of the initial registered agent of the Company at that address is Sandra J. Sha.

ARTICLE IV - MANAGEMENT

The Company is a manager-managed limited liability company and the current managers of the Company are Randy V. Heysek and Sandra J. Sha.

IN WITNESS WHEREOF, the undersigned has duly executed these Amended and Restated Articles of Organization on the 5th day of December, 2018, and shall cause them to be filed in accordance with Section 605.0202 of the Florida Revised Limited Liability Company Act.

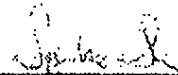


Sandra J. Sha, Manager

2018 DEC -5 AM 9:55
FILED
CLERK OF COURT
STATE OF FLORIDA
ORLANDO

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.



Sandra J. Sha

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

C04000090110

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Email Address: SALLAPUDI@YAHOO.COM

LLC REGISTERED AGENT CHANGE

NITIN SALLAPUDI, DDS, MSD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: NITIN SALLAPUDI, DDS, MSD, LLC

2. (a) 140 Indian Avenue (b) 140 Indian Avenue
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Venice, FL 34285 Venice, FL 34285

3. December 13, 2004 4. L04000090110
 Date of filing/registration in Florida Document number

5. (a) Daniel A. Bechtold
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
240 Nokomis Ave. South, Suite 200

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Venice, FL 34285

(b) C. Kelley Corbridge, Esq.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Horlick & Corbridge, P.A.

NEW Registered Office Address:

1314 E. Venice Ave - Ste D

Venice, FL 34285

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nitin Sallapudi, DDS, MSD
 Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

C. Kelley Corbridge, Esq.
 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILED FEE: \$25.00

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