610000111962

(Re	questor's Name)	<u> </u>
,		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE. FLORID

2-3-15

COVER LETTER

TO: Registration Se Division of Co			
	ands Global, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
	Josselyn Gonzalez		
		Name of Person	
	Marlowe McNabb, P.	.A.	
		Firm/Company	
	1560 W. Cleveland S	St.	
		Address	·
	Tampa, FL 33606		
		City/State and Zip Code	
	dmseckinger@msn.c		
	E-mail address: (t	o be used for future annual report not	ification)
For further information	concerning this matter, please ca	ill:	
Josselyn Gonzale	z	813 251-3013	3
Name	of Person	Area Code Daytim	ne 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



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 L	LC	
(<u>Name of the Limited Liability Compan</u> (Λ Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L/0000/11962</u> .	were filed on 10/27/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
King Enferrises Group, LCC The new name must be distinguishable and end with the words "Limited Liabil	lity Company " the designation " I I C" or th	o observationists "L.C."
Enter new principal offices address, if applicable:	13614 N. Dale C	1 Aug
(Principal office address MUST BE A STREET ADDRESS)	5alde 313	<u> </u>
Enter new mailing address, if applicable:	Tamps, FZ 33618	PH L: 50 PH L: 50
(Mailing address MAY BE A POST OFFICE BOX)	Same as above	Α
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	:	
Name of New Registered Agent:	elok M. Seekinger	
	Clok M. Seekinger N. Dalu Makey Hwy Enter Florida street address	
Tamp	City , Florida	336/8 Zip Code
Now Designated Agently Circustum (Calconning Designated Agents		-

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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = `Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
Title MGR Prez	Derck M. Seckinger	13614 N. Dale Missay May	TJ Add
		Suite 3/3	□ Rcmove
MGR		Tampa, Fr 33618	
VP	Stacy Reisinger		DAdd
			□ Remove
MGRA	Krmr 1 Trust	3621 Beneraid St	Add
		3621 Beneraid St Land Olahos Al 346	Remove
		ÄHASS	3
		<u>u</u> (u) c	Add
		E. FLORIDA	Remove
		· .	
			Add
			□ Remove
			<u> </u>
			Add
			□ Remove

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ective date mus	ther than the date of filing: be specific, cannot be prior to date of receipt or filed date is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
ective date mus	be specific, cannot be prior to date of receipt or filed date	(optional) and cannot be more than 90 days after
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ective date mus	be specific, cannot be prior to date of receipt or filed date	(optional) and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FI DRIPA