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SECRETARY OF STATE

J. BRYAN

MAR - 2 2012

EXAMINER

COVER LETTER

Divis	sion of Cor	porations									
SUBJECT:	WHI	TE	LIN		PEI61	HT	LL	<u>- C</u>			
			Name of Lim	ited Liabili	ty Company						
										•	
The enclosed	Articles of	Amendment as	nd fee(s) are su	bmitted for	filing.						
Please return	all correspon	ndence concer	ning this matte	r to the foll	owing:						
		SUN	INY	Nam	DIVI e of Person	ER_					
		MIN	ORIT	Firm	A 550 Company	<u>CIA</u>	TE S	<u> </u>	TALLAHAR TALLAHAR	FI	
		153	330	Ti	1 to N ddress	Rd			0120		り
		100	,ta	City/State	dA F and Zip Code	-L	339	18z	FLORIE	PH 1:22	
		Sdiv	E-mail address: (to be used fo	r future annual	COM report notifica	ition)		,		
For further inf	ormation co	ncerning this	matter, please o	call:							
John	Name of	litche Person		at (32/ ₎ 3	327 e & Daytime T	26/	Number			
Enclosed is a c	check for the	e following am	ount:				_				
\$25.00 Fili	ng Fee	S30.00 Fil	ing Fee & ate of Status	Cer	0 Filing Fee & tified Copy litional copy is		C C	ertified Co	of Status &	xd)	
			_								

MAILING ADDRESS:

Registration Section

TO:

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

WHI IE AIM	UE TRE	16HI LCC
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L /2/00009217</u> .	iny were filed on $\underline{\mathcal{J}}$	ANUAry 18, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company he	ere:
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	nany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		50 美二
(Principal office address MUST BE A STREET ADDRESS)		35 P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1:22 E.FLORDA
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		nter Florida street address
	Enter rioriaa sireet aaaress	
		, Florida
•	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager		

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
<u>MGR</u>	John Mitchell	5715 Hwy 85 N, #72 CRESTVIEW FL 3253	20 □ Add □ □ Remove			
M6R	SUNNY L DIVER	5715 HWY 85 N, #72 CRESTULEW FL 3253	O ☐ Add ☐ Remove			
		The state of the s	Add Remove			
<u> </u>			Add Remove			
<u>1</u>	THE SOLE MEMBER OF MINORITY ASSOCIA		ITUC			
<u>]</u>	John Mitchell AND RUSTEES AVE MANAG	has too TRUSTEES; I SUNNY L DIVER ERS of WHITE LINE FR	Both			
Dated <u>F</u>	Minority Associates Signature of a member of	by July July State of a member RVS/ee Without Book or printed name of signee	1 TRUSTER IVSE			

Page 2 of 2

Filing Fee: \$25.00