Florida Department of State Division of Corporations

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**Enter the email address for this business entity to be used for Tuture annual report mailings. Enter only Enail Address: MWICKER (6

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WHITEOUT LLC

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Corporate Filing Menu

T. Burch Halp 9 WIF

01/28/2015 15:59

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

WHITEOUT, LLC		-
(Name of the Limited Liability Comp. (A Florida Limited	any sa it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000174600	were filed on 12/18/2013	and easigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Kal	bility company here:	51
N/A		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.C."
Enter new principal offices address, if applicable:	N/A	77.57 7.57 7.57
(Principal office address MUST BE A STREET ADDRESS)		
•		7,0
Enter new mailing address, if applicable:	N/A	+: 50 TATE ORIDA
(Mailing address MAY BE A POST OFFICE BOX)	# App	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, g	rater the name of the new
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street uddress	
	, Flori	
	City	Zip C ode

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

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Type of Action Address Tide <u>Name</u> 2202 EIGHTH AVE RENEE M. BAILIN ABMR Add ST JAMES CITY, FL 33956 □ Remove _□ Remove _____ 🗆 Remove D Add _□ Remova □ Add ☐ Remove _D Add _□ Remove

If amending any other informat N/A	on, enter change(s) here: (Attach ad	iditional sheets, if necessary.)
Effective date, if other than the the clientive date must be specific, canno the date this document is filed by the Flor	t be prior to date of receipt or filed date and en ids Department of State)	once be more than 90 days after
Dated JANUARY 28	2015	
	rignature of a member or authorized represent	tative of a member
JOHN M. WICKER	Typed or printed name of sign	kis
		15 JAN SECRE! TALLAHA
,		ZB P
	•	STAL FLORI

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Flying Fee: \$25.00