

L14 0000 00904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

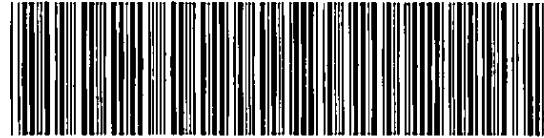
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900304847879

10/25/17--01012--007 **25.00

2017 OCT 25 PM 12:18
CALIFORNIA

K SALY
OCT 20 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Whiteleaf, 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:

Robert Tolle

Name of Person

Tolle Roads

Firm/Company

3501 Sanford Ave

Address

Sanford, FL 32773

City/State and Zip Code

cgant@tolleroads.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caren Gant

321 332-1335
at ()

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**

Whiteleaf, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 OCT 25 PM 12:18
TAMPA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/13/2013 and assigned
Florida document number L14000000904.

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:

3501 Sanford Ave

(Principal office address MUST BE A STREET ADDRESS)

Sanford, FL 32773

Enter new mailing address, if applicable:

3501 Sanford Ave

(Mailing address MAY BE A POST OFFICE BOX)

Sanford, FL 32773

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:

Robert Tolle

New Registered Office Address:

3501 Sanford Ave

Enter Florida street address

Sanford


City

Florida 32773

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>
MGRM	Dave Warner	3001 Industrial Ave	<input type="checkbox"/> Add
		Fort Pierce, FL 34946	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Martin Warner	3001 Industrial Ave	<input type="checkbox"/> Add
		Fort Pierce, FL 34946	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tolle Roads	3501 Sanford Ave	<input checked="" type="checkbox"/> Add
		Sanford, FL 32773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Robert C Tolle	3501 S. Sanford Ave	<input type="checkbox"/> Add
		Sanford, FL 32773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 OCT 25 PM 12
RECEIVED
FBI LABORATORY

2017 OCT 25 PM 12:18

2010-01-01

(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)

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 October 24th, 2017

Signature of a member or authorized representative of a member

Robert C Tolle

Typed or printed name of signee