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PAGIO'S & ASSOCIATES

LLC

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P. 1

L14000126487

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000110747 3)))



H160001107473ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WHITE BULL SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
ALLIANCE FLORIDA

2016 MAY -4 A 8:56

FILED

H16000110747 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHITE BULL SOLUTIONS, 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:

ANDRES F. CENTURION

Name of Person

WHITE BULL SOLUTIONS, LLC

Firm/Company

16919 N BAYSHORE DRIVE, STE 402

Address

SUNNY ISLES, FL 33160

City/State and Zip Code

andres3035@gmail.com

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

For further information concerning this matter, please call:

Andres Centurion

786

314-3035

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**

H16000110747 3

WHITE BULL SOLUTIONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/12/2014 and assigned
Florida document number L14000126487

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:

16919 N BAY ROAD, STE 402

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED
JUL 12 2016
CLERK OF STATE
TALLAHASSEE, FLORIDA
8:56 AM

PAGIO'S & ASSOCIATES, LLC

No. 0180 P. 4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 1150001107473

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MORM GYSSOLA CORONADO 16919 N BAY ROAD, STE 402 ☐ Add

SUNNY ISLES, FL 33160 ☐ Remove

_ ☐ Change

MGRM	YISSELA M. CENTURION	16919 N BAY ROAD, STE 402	 Add
------	----------------------	---------------------------	---

SUNNY ISLES, FL 33160 ☐ Remove

☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ **Change**

 Add

☐ Remove

Change

☐ Add

Remove (

Change

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☐ Change

☐ Add

☐ Remove

☐ Change

APR 11 AM 8:50

CLERK OF DISTRICT COURT

MEMPHIS, TENNESSEE

May. 3. 2016 5:37AM PAGIO'S & ASSOCIATES, LLC

No. 0180 P. 5

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: May 03, 2016 (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 3 2016

Signature of a member or authorized representative of a member

Andres F. Centurion

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA