(Requestor's Name)
(Address)
(Address)
, ,
(Cin/Coate/7in/Dhana #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

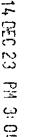
Office Use Only



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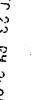
COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>[AJH17</u>	Name of Umi	ORT LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	STEPHEN	E. DoublAS Name of Person	
	WHITE LINE	TRANSPORT LL C	
		Address	
,	PORT CHA	City/State and Zip Code	4
	E-mail address: (i	LEK CAOL COM to be used for future annual report notific	eation)
For further information co	oncerning this matter, please ca	all:	
STEPHEN TO Name of	Person	at (<u>609</u>) <u>892-6</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

WHOTE LINE TRANS,	PORT LLC		
(Name of the Limited (A.F.	ciability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	lity Company were filed on 1/-10-2014	and assigned	
Florida document number <u>L14000 1747</u>	023		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the work	ds "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
			~~
Enter new mailing address, if applicable:		သိ	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		تات
		<u> </u>	
		항제 문	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the eaddress here:	e name of the ne	<u>èw</u>
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

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:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	STEPHEN E. DOUGLAS	PORT CHARLOTTE FL 33954	_bAdd
	·	PORT CHARLOTTE FL 33954	□ Remove
			□ Add
			☐ Remove
			PEC 23 PM 3: 01
			□ Add □ Remove
and the same are seen			□ Add
			Remove
			Add
			□ Remove

amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.
rective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)	(optional) (cannot be more than 90 days after
ed 12-23-2014	
Augh & Dough	
Signature of a member or authorized representation of a member of authorized representation of a strength of a str	sentative of a member
- ETATA E. COURTE	

Page 3 of 3

Filing Fee: \$25.00

