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COVER LETTER

Division of Co		,	
J M White	e LLC		
SUBJECT:			-
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Jennifer White		
	Jennier winte		
	 	Name of Person	
	J M White LLC		
		Firm/Company	
	145 Sluder Estate Lane		
		Address	_
	Saint Augustine, Florida 3		
	jenniferw1611@gmait.con	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	-
For further information of	concerning this matter, please c	ail:	
Jennifer White	- 1	904 234-5915	
		at ()	
Name o	of Person	Area Code Daytime Telephone Numb	n2[
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 ☐	Filing Fee. cate of Status &
	Contribate of Status	• •	ed Copy
			nal copy is enclosed) 🧳
			2021
			NAM II
Mailing Addres	SS:	Street Address:	· 20
Registration		Registration Section	. <u> </u>
Division of C		Division of Corporations	· > <u> </u>
P.O. Box 632	<u> </u>	The Centre of Tallahassee	N D
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite	810 -
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J M White LLC	
(Name of the Limited Liability Con	npany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	and the control of th
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida
New Registered Agent's Signature, if changing Registered Age	:nt:

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 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>	Type of Action
MGR	Brian White	145 Sluder Estate Lane St. Augustine, Fl 32002	
			= Add
			П̂енюvе
MGR	Justin Manning	4514 Charles Bennett Dr. Jacksonville,F132225	
			□Remove
			□Change
			□Add
			□ Remove
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Seeding day of all of all	I a cons		-
fective date, if other than the in effective date is listed, the date must	t be specific and cannot be prior to date of	of filing or more than 90 days after	filing.) Pursuant to 605 020
ote: If the date inserted in this blo	ock does not meet the applicable sta	itutory filing requirements, this	s date will not be listed a
cument's effective date on the De	partificit of State's records.		
ecord specifies a delayed effective is filed.	e date, but not an effective time, at l	t2:01 a.m. on the earlier of: (b) The 90th day after the
		[2021
March 25	2021	••	AS IT
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Almos	Signature of a member or authorized re	presentative of a member	<u>→</u> <u>∏</u>