

L15000004006

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

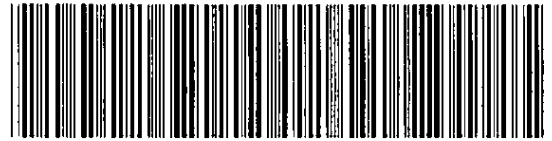
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600375539346

RECEIVED  
2021 NOV 10 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 NOV 10 PM 3:46  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ 35.00

AUTHORIZED SIGNATURE: *Jane R. Yellin*

WHITE GLOVE WIRELESS LLC L15000004006  
Business Name Document Number, (if KNOWN)

     Certified copy of Articles of Incorporation

     Certificate of Status

     Pick up time         

     Will wait

**NEW FILINGS**

     Profit  
     Not for Profit  
     Limited Liability  
  
     Domestication  
     Other  
     CORP

**AMMENDMENTS**

  X   Amendment  
     Resignation of R.A.  
        Officer/Director  
     Change of Registered Agent  
     Dissolution/Withdrawal  
     Merger  
     Correction

**OTHER FILINGS**

     Annual Report  
  
     Fictitious Name  
  
     APOSTIL ()               
                    Country

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
  
     Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: I20210000160      AMOUNT: \$ 35.00**

**AUTHORIZED SIGNATURE:**

WHITE GLOVE WIRELESS LLC      L15000004006

Business Name	Document Number, (if KNOWN)
---------------	-----------------------------

           **Certified copy of Articles of Incorporation**

## Certificate of Status

## Pick up time

Will wait

## NEW FILINGS

☐ Profit  
☐ Not for Profit  
☒ Limited Liability

☐ Domestication  
☐ Other  
☐ CORP

## AMMENDMENTS

☒ Amendment  
☐ Resignation of R.A.  
☐ Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Correction

## OTHER FILINGS

\_\_\_\_Annual Report  
\_\_\_\_Fictitious Name  
\_\_\_\_APOSTIL ()\_\_\_\_  
\_\_\_\_Country\_\_\_\_

## REGISTRATION/QUALIFICATIONS

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

**EXAMINER'S INITIALS:**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: White Glove Wireless 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:

Rebecca J. Ferguson  
Name of Person

White Glove Wireless LLC  
Firm/Company

4771 Bayou Blvd, Box 203  
Address

Pensacola FL 32503  
City/State and Zip Code

jill@whiteglovewireless.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca J. Ferguson at (850) 304 9699  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

White Glove Wireless 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 1-8-2015 and assigned Florida document number L15000004006

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

White Glove Ventures, LLC

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

1101 Tiger Trace Blvd

Gulf Breeze FL 32563

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

NO change

**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:

Rebecca J Ferguson

New Registered Office Address:

1101 Tiger Trace Blvd

Enter Florida street address

Gulf Breeze, Florida 32563

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 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>
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input 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

SECRET  
2021 NOV 10 09:51  
MAIL ROOM

2021 NOV 10 AM 9 51  
SECRET//NOFORN  
TALLMAN GROUP

**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.

Dated November 10, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signer