L15000004006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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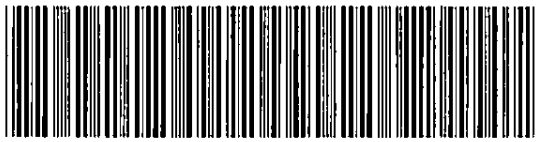

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12/03/24--01027--001 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

S. Brown
2-12-25

# COVER LETTER

**TO: Registration Section**
**Division of Corporations**

**SUBJECT:** White Glove Ventures 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 Philpot
Name of Person

White Glove Ventures LLC
Firm/Company

4029 Teal Way
Address

Pensacola FL 32507
City/State and Zip Code

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Rebecca Philpot 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2025

REBECCA PHILPOT
4029 TEAL WAY
PENSACOLA, FL 32507

SUBJECT: WHITE GLOVE VENTURES, LLC
Ref. Number: L15000004006

We have received your document for WHITE GLOVE VENTURES, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 125A00001118

RECEIVED
JAN 30 2025
BY:.....

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

White Glove Ventures 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 January 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 Wireless, 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)***

4029 Teal Way
Pensacola, FL 32507

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

4029 Teal Way
Pensacola, FL 32507

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**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 Philpot

New Registered Office Address: 4029 Teal Way
*Enter Florida street address*

Pensacola, **Florida** 32507
*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.*

Rebecca Philpot

**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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | Rebecca Philpot | 4029 Teal Way | ☐ Add |
| | | Pensacola, FL 32507 | ☐ Remove |
| | | | ■ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
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TALLAHASSEE, FL

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

I am submitting a request to change the name of the business from White Glove Ventures LLC to White Glove Wireless LLC. This is the name we used when we started the business and would like to return to this name.

Other changes include the update to owner's name which is Rebecca Philpot (formerlly Rebecca Ferguson) and and the business address as well as contact address to 4029 Teal Way, Pensacola, FL 32507

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2025 JAN 30 AM 9:01
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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** 11/25/2024 **(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 November 25, 2024

Signature of a member or authorized representative of a member

Rebecca Philpot

Typed or printed name of signee

**Filing Fee: $25.00**