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SECRETARY OF STATE

1. HARRIS

COVER LETTER

Division of Co	
White Eag	gle Ventures LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all correspondent	condence concerning this matter to the following:
	Jim White
	Name of Person
	White Eagle Ventures LLC
	Firm/Company
	5576 Arbor Club Way Unit #3
	Address
	Boca Raton, FL. 33433
	City/State and Zip Code
	jimwhite66@bellsouth.net
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Jim White	561- 419-8651 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 & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

WHITE EAGLE VENTURES LLC				
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Com	pany were filed on April 15, 2016	and as	ssigned	
Florida document number L16000073753				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
Jim White, LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "l	L.L.C."	_
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRES	(22)			_
		77		_
	· · ·		37	
Enter new mailing address, if applicable:			<u> </u>	1- 374
(Mailing address MAY BE A POST OFFICE BOX)	·	14.1 9	U	-
(Mulling dadress MAT BE A FOST OFFICE BOA)		71 <u>5.</u>	32m i	- }
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B. If amending the registered agent and/or register	ed office address on our records ent	er the name	of the	new
registered agent and/or the new registered office addres	s here:	ir	OF THE	11011
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 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> **Address Type of Action** □ Add _□ Remove _□ Change _ Add _□ Remove _□ Change ☐ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add الما الحز Change OF AH OF STREET ☐ Change

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Effective date, if other than t	the date of filing:	(optional)	1207 (3
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