

L17000204762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

CORRECTION PER CONVERSATION  
WITH JOHN NICKS 1/14/2019 KS

Shapiro

120 \$  
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FILED  
19 JAN 14 PM 9:26  
STATE OF FLORIDA  
TALLAHASSEE

K SATV  
JAN 14 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2018

WHITE HAT DEVELOPMENT, LLC  
JOHN LOLLEY  
1027 S 8TH ST.  
FERNANDINA BEACH, FL 32034

SUBJECT: WHITE HAT DEVELOPMENT, LLC  
Ref. Number: L17000204762

We have received your document for WHITE HAT DEVELOPMENT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 618A00024984

RECEIVED  
DEC 11 2018  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

White Hat Development LLC

**SUBJECT:** \_\_\_\_\_  
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:

John Lolley

\_\_\_\_\_  
Name of Person

White Hat Development LLC

\_\_\_\_\_  
Firm/Company

1027 S 8th ST.  
Fernandina Beach FL 32034

\_\_\_\_\_  
Address

Fernandina Beach FL 32034

\_\_\_\_\_  
City/State and Zip Code

jlolley1@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Lolley

904

206-0112

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 &  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2018 FEB 22 PM 10:36

no \$

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

White Hat Development LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
19 JAN 14 PM 9:  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/03/2017 and assigned  
Florida document number 1.17000204762

This amendment is submitted to amend the following:

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

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)

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

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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>	<u>Address</u>	<u>Type of Action</u>
V.P.	John L. Lolley AMBR	2504 Robert Oliver Ave. Fernandina Beach FL 32034	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK  
CLERK

John L. Lolley to be added as a Authorized Member with a 50% of ownership

**Filing Fee: \$25.00**