

L17000241091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

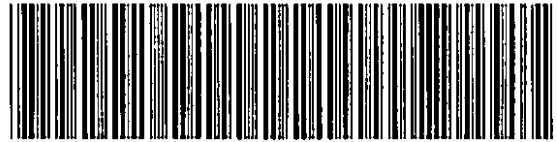
(Business Entity Name)

(Document Number)

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DEC 8 2017

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12/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T WHITE CONSULTING 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:

Thomas P White Jr
Name of Person

T WHITE CONSULTING, LLC
Firm/Company

534 RYANS WOODS LANE
Address

PALE HARBOUR FL 34683
City/State and Zip Code

TDS WHITE8936@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas P White Jr at (727) 967-6148
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TALLAHASSEE, FL 32301
JAN DEC - 8 P 1:15
FILED

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

TWHITE CONSULTING, 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 11/22/17 and assigned
Florida document number L17000241091.

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 "L.L.C." 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:

THOMAS P WHITE JR

New Registered Office Address:

534 RYANS WOODS LN

Enter Florida street address

Palm HARBOR

City

Florida

34683

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.


Thomas P. White Jr
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>
MGR	DEBRA A WHITE	534 RYANS WOODS LN	<input type="checkbox"/> Add
		Palm Harbor FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas P WHITE, Jr	534 RYANS WOODS LN	<input checked="" type="checkbox"/> Add
		Palm Harbor FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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DEC 11 2013
PALM HARBOR, FL 34683

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

444 DEC -8 P 11h
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-08-2001 BY 60322
UCRL-2001-010

E. Effective date, if other than the date of filing: _____ (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)(c).

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

$$\frac{12}{1} \div \frac{3}{1} = \frac{12}{3} = 4$$

12/3/11
John P. White

Thomas P WHITE Jr

Typed or printed name of signee