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(Requestor's Name)	
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(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status _	
Consideration to Cities Office	
Special Instructions to Filing Officer:	
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05/14/18--01036--015 **25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C	s Section Corporations		
SUBJECT:	White Real E Name of Limi	Estate LLC ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
	Nicholas	White Name of Person	
		Name of Person	
	White Rea	Estate LLC Firm/Company	
		Firm/Company	
	21451 Ban	croft Ave.	
		Address	
	Port Charlo	tte, FL 3395Y City/State and Zip Code	
	•	City/State and Zip Code	
	nicholas whit	efl@gmail.com o be used for future annual report notification	m)
For further information	n concerning this matter, please ca		,
Nicholas	White	at (239) 848 - 9/ Area Code Daytime Tele	83
Nam	e of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for	or 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White Real Estate 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 1/12/2018 and assigned Florida document number 180000 1827.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Great White Realty 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)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Florida City Sign. Florida City
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
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Effective	date, if other the	nan the date	of filing	g:	ior to date of	filing or mor	e than 90 days	optional)) Purensi	nt to 605	026
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Filing Fee: \$25.00