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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
White Sanc	I VI, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kory K. Sgrignoli Jr., Esq		
	• • • • • • • • • • • • • • • • • • • •	Name of Person	
	The Law for All, P.A.		
		Firm/Company	
	200 E. Broward Blvd., Ste	1320	
		Address	
	Fort Lauderdale, FL 33301	I	
		City/State and Zip Code	···
	service@fllawforall.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Kory K. Sgrignoli Jr., Es	iq.	754 300-7149	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V	Vhite Sand VI, LLC		
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appear la Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	January 15, 2020	and assigned
Florida document number 1.20000022688	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company ho	ere:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the d	designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
	<u> </u>		2000
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			ω
			2
			ं यं
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ecords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo.	rida 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 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
AP	White Sand Hold, LLC	2901 Clint Moore Road, Suite 404	□Add
		Boca Raton, FL 33496	■Remove
		·	□ Change
AP	White Sand Holding, LLC	2901 Clint Moore Road, Suite 404	<b>≘</b> Add
		Boca Raton, FL 33496	□ Remove
		<del></del>	□ Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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(If an effective da Note: If the d	te, if other than the date of filing:
the record specification	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	February 28 2020
	1/2 H 6- 1/1/

Filing Fee: \$25.00

Typed or printed name of signee