

L21000375221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

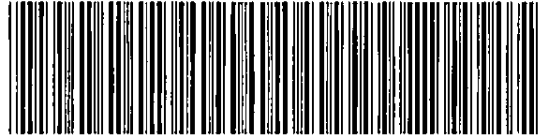
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800416563588

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RECEIVED

2023 OCT 10 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/10/23

R. HUNT

10/10/23

FLORIDA CAPITAL COURIER SERVICES, INC

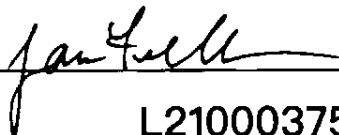
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$25.00**

**Authorization Signature:** \_\_\_\_\_ :



**WHITE DOVE LLC**

**L21000375221**

**BUSINESS NAME**

**DOCUMENT #**

\_\_\_ Certified Copy

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit Corp

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ LLLP

\_\_\_ CORP

\_\_\_ Other

\_\_\_ Other

**AMMENDMENTS**

**x** **Amendment**

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Revocation of Dissolution

\_\_\_ Merger

\_\_\_ Articles of Conversion

\_\_\_ Restated Articles of Incorporation

\_\_\_ Statement of Authority

**OTHER FILINGS**

\_\_\_ Apostille

\_\_\_ Country

\_\_\_ Annual Report

\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Reinstatement

\_\_\_ Qualification

\_\_\_ Other

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CONFIDENTIAL

**EXAMINER'S INITIALS:\_\_\_\_\_**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WHITE DOVE 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:

JADER LOPEZ

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

WHITE DOVE LLC

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

6288 NW 186 ST #111

\_\_\_\_\_  
Address

HALEAH, FL 33015

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

JADERL1205@GMAIL.COM

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

For further information concerning this matter, please call:

JADER LOPEZ

786 6825722

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 OCT 10 PM 12:40

**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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2023 01 10 PM 12:10  
City of ...  
...

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

2023.11.10 PM 12:40

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be a date on or after the date of filing.)

(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)(b)  
 Note: If the date entered in this block is the date of filing, then the date of filing must be entered in the date of filing block.

**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 OCTOBER 10, 2023

Signature of a member or authorized representative of a member

JADER LOPEZ

Typed or printed name of signee

**Filing Fee: \$25.00**