

h22000377763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

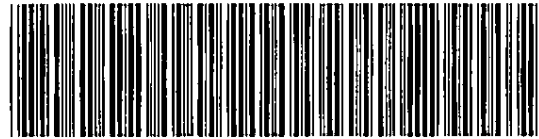
(Business Entity Name)

(Document Number)

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

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S. CHATHAM  
DEC 20 2022

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SEP 26 PM 10:10  
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FILING OFFICE  
CHATHAM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: G. WHITE AUTO SALE 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:

ROXANA POVEDANO

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

POVEDANO ASSOCIATES

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

1851 NW 123 AVE

\_\_\_\_\_  
Address

PEMBROKE FLORIDA 33026

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

povedano@povedanoassociates.com

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

For further information concerning this matter, please call:

Roxana Povedano

954

7704369

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

**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>
AMBR	BLANCO DANIEL	4010 N PINE ISLAND RD	<input type="checkbox"/> Add
		SUNRISE FLORIDA 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	REINA PIEDAD	4010 N PINE ISLAND RD	<input type="checkbox"/> Add
		SUNRISE FLORIDA 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

25326 PHU 00

25026 PHILADELPHIA

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**