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DATE: 02/10/2025

NAME: GRAY CHAMBERS REAL ESTATE, L.L.C.

TYPE OF FILING: AMENDMENT

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Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Cor	porations				
	GRAY CH	AMBERS REAL ESTATE, L.	L.C.			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		KERRY ANNE SCHULT	7.			
			Name of Person			
		SCHULTZ LAW GROUP	, P.L.L.C.			
Firm/Company						
		2777 GULF BREEZE PAI	RKWAY			
		···	Address			
	Address GULF BREEZE, FLORIDA 32563 City/State and Zip Code					
	Address GULF BREEZE, FLORIDA 32563					
		KASCHULTZ@SCHULTZ				
		E-mail address: (to be used for future annual report r	notification)		
For further in	formation c	oncerning this matter, please ca	all:			
KERRY AN	NE SCHUL	TZ	850 754-1600 at ()			
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ling Addres		Street Address:			
_	gistration S vision of C	orporations	Registration : Division of C			
	Box 632	•	The Centre o	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 FEB 10 PM 1: 31

GRAY CHAMBERS REAL ESTATE, L.L.C.

(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 __09/30/2024 and assigned Florida document number __L24000413523 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WHITE SANDS GROUP, L.L.C. 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) 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: New Registered Office Address: Enter Florida street address

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.

City

_, Florida _

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

Title `	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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cument's effective date on the Departi	ment of State's records.	no attentity ming requir	ements, and and will not	o milet an
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