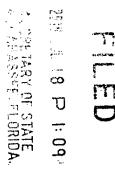
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PICK-UF	P WAIT MAIL
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COVER LETTER

TO:		istration Sec iston of Corp		
SUBJE	·CT.	WHITECAL	PINVESTMENT	rs LLC
SUBJE	.CI:			Name of Limited Liability Company
The end	closed	Articles of	Amendment and f	fee(s) are submitted for filing.
Please	return	all correspor	ndence concernin	ng this matter to the following:
			Richard D. Pe	ercic
				Name of Person
			Jeck, Harris, I	Raynor & Jones, P.A.
				Firm/Company
			790 Juno Oce	ean Walk, Suite 600
				Address
			Juno Beach, F	FL 33408-1121
				City/State and Zip Code
			DPERCIC@Ji	mail address: (to be used for future annual report notification)
For fun	ther i	nformation co	oncerning this ma	
Richar	d D. I	Percic		724 667-4074
		Name of	Person	at () Area Code Daytime Telephone Number
Enclos	ed is a	a check for th	e following amou	unt:
■ \$2 :	5.00 F	Filing Fee	□ \$30.00 Filir Certificate	ng Fee & S55.00 Filing Fee & S60.00 Filing Fee, e of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Section

ARTICLES OF ORGANIZATION

WHITECAP INVESTMENTS LLC			
(Name of the Limited Lightlity Comp (A Florida Limited	any as it now annears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on Septem	nber 14, 2004	and assigned
Florida document number L04000067324			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			ing stra
		^,	P No. and and
		<u>()</u>	TE CO
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)		0	
!			0
		-1-	_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		r records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
1	Enter Florida s	treet address	
<u> </u>		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		

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.

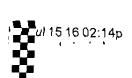
If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	WILLIAM H. BOHNETT	507 SOUTH BEACH ROAD	& Add
-		HOBE SOUND, FL 33455	□ Remove
			☐ Change
MGRM	WILLIAM HPRES BOHNETT	507 SOUTH BEACH ROAD	
	!	HOBE SOUND, FL 33455	■ Remove
			Change
			Add
	· · · · · · · · · · · · · · · · · · ·		Remove
			Change
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	: :		Remove Change
***			Add Add
			STATE PREMOVE
			Change

(609) 799-2921



		
		
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If the date inserted in this block near's effective date on the Depa	r does not meet the applicable statutory filing requirements state of State's records.	, this date will not be li
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