

LI2000 147272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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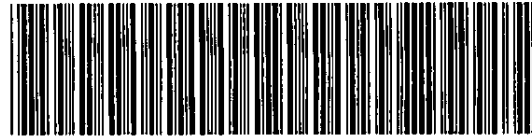
(Business Entity Name)

(Document Number)

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13 APR 26 PM 3:01  
TALLAHASSEE, FL 32304  
STATE OF FLORIDA

APR 30 2013  
D. BUTLER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **WHITE KNIGHT FUNDING GROUP, 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:

**JOANNE BETLEYON**

Name of Person

**WHITE KNIGHT FUNDING GROUP**

Firm/Company

**307 CRANES ROOST BLVD., STE 1012**

Address

**ALTAMONTE SPRINGS, FL 32701**

City/State and Zip Code

**WHITEKNIGHTFUNDING@GMAIL.COM**

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

For further information concerning this matter, please call:

**JOANNE BETLEYON**

Name of Person

**407 963-9319**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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13 APR 26 PM 3:01  
TALLAHASSEE, FL  
STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**WHITE KNIGHT FUNDING GROUP, LLC**

(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 11/26/2013 assigned  
Florida document number L12000147272.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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)

307 CRANES ROOST BLVD  
STE. 1012  
ALTAMONTE SPRINGS, FL 32701

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

307 CRANES ROOST BLVD  
STE. 1012  
ALTAMONTE SPRINGS, FL 32701

**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

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LORRAINE CASTRO	307 CRANES ROOST BLVD	<input checked="" type="checkbox"/> Add
		STE. 1012	<input type="checkbox"/> Remove
		ALTAMONTE SPRINGS, FL 32701	
MGRM	MICHAEL HARVEY	11539 PEACHSTONE LANE	<input type="checkbox"/> Add
		ORLANDO, FL 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 APR 25 PM 3:01  
SECRETARY OF STATE  
FLORIDA

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

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Dated

4/24/2013

Signature of a member or authorized representative of a member

Joanne Betleyon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 APR 26 PM 3:01