

L18000140297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

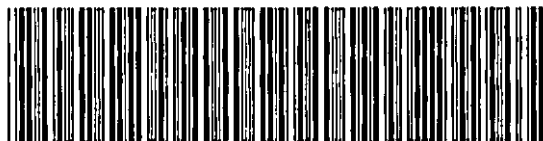
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Knight Financing, 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:

Mark P. Stopa

Name of Person

Loan Pickle, LLC

Firm/Company

447 Third Ave. N., Suite 409

Address

St. Petersburg, FL 33701

City/State and Zip Code

mark@loanpickle.net

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Mark P. Stopa

727 667-4808
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/COURIER ADDRESS:

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

White Knight Financing, LLC

Page 1 of 3

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>
MGR	Phil Garfinkle	1031 First St. S., Suite 604	<input checked="" type="checkbox"/> Add
		Jacksonville Beach, FL 32250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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JUL 18 4 56 PM 2018
ALLAASSEE FLORIDA

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

E. Effective date, if other than the date of filing: June 6, 2018 (optional) June 6, 2018
(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 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 August 3, 2018

 _____
Signature

Signature of a member or authorized representative of a member

Mark P. Stopa

Typed or printed name of signee

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TALLAHASSEE, FLORIDA