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SECRETARY OF STATE
HVISION OF CORPORATIONS

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## **COVER LETTER**

TO:	Registration Se Division of Co					
CHDIE	WHITE C	APITAL HOLDING, LLC				
SUBJE	JI:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ro	eturn all correspo	ondence concerning this matter	to the following:			
		WILLIAM EDWARD SKOK	os			
		WHITE CAPITAL HOLDING	Name of Person G. LLC			
		6065 Lishawn Drive	Firm/Company			
		Taylorsville, Utah 84129	Address			
		Whitecapitalholding@protor	City/State and Zip Code	<del>-</del>		
For furth	er information o	E-mail address: (concerning this matter, please co	to be used for future annual report noti	fication)	3 1. 3 2.	
	M EDWARD S	-	801 971-7311			: }; : } -
	Name o	of Person		e Telephone Number		000 X 110 X
Enclosed	lis a check for t	he following amount:			20	\$10.5
<b>\$2</b> 5.	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 Stat Certified Copy (additional copy is en	tus &	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITE CAPITAL HOLDING, LL	С	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) .imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L19000079863	mpany were filed on March 22,2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
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		3 54
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		6: Fig.
manny address mili be mi osi ori reg bony	<del>-</del>	ري <del>ار ان </del>
		. 9.
B. If amending the registered agent and/or registe	ered office address on our records,	enter the name of the n
egistered agent and/or the new registered office addre		17 OF 18
		<i>'</i>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address	Enter Florida street address	·
	, Flori	ida
	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 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>	<u>Name</u>	Address	Type of Action
MGR	Siu Jennie Yeung	6065 Lishawn Drive, Taylorsville, Utah 84129	Add
			■ Remove
			Change
MGR	Aletta Maria Hopley	6065 Lishawn Drive, Taylorsville, Utah 84129	
			Remove
			☐ Change
MGR	Mohan Menezes	6065 Lishawn Drive, Taylorsville, Utah 84129	Add
			■ Remove
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fective date, if other the	an the date of filing:		(optional)	
n effective date is listed, the c	late must be specific and cannot be	prior to date of filing or more t	han 90 days after filing.) Pursuant to juirements, this date will not be	
	the Department of State's rec		quirements, this date will not be	iistcu
		t not an effective time	e, at 12:01 a.m. on the e	arlier
The 90th day after th	ne record is filed.			
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ted	<u>30</u>	19.		
		~////		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00