## L19000230202

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Ri	gistration Se vision of Cor	ction porations	•					
OUD IECT		WK INVESTMENT LLC	<b>&gt;</b>					
SUBJECT	:	Name of Lim	ited Liability Company	<u>,</u>				
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please retu	n all correspo	ndence concerning this matter	to the following:					
		PARTEEK SANDHU						
			Name of Person					
		WHITEHAWK INVESTM	MENT LLC					
			Firm/Company					
		1525 HWY 27						
			Address	<del></del>				
		CLERMONT FLORIDA 3	4714					
		MANJITSANDHU@(CLO E-mail address: (	City/State and Zip Code UD.COM to be used for future annual report noti	fication)				
For further	information co	oncerning this matter, please ca						
PARTEEK	SANDHU		925 980-4907					
	Name o	f Person	at () Area Code Daytim	te Telephone Number				
Enclosed is	a check for th	ne following amount:						
□ \$25.00	Filing Fee	S30.00 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)				
Re	ailing Addres	Section	Street Address: Registration Se					
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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WHITE HAWK INVESTMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

[A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/11/2019}{1}$ Florida document number  $\frac{L19000230202}{}$ 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 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.

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
AMBR	ABIIAY SANDHU	2886 STATE ROAD 590	
		CLEARWATER FLORIDA 33759	■Remove
			□Change
AMBR	JOHN D NGUYEN	2886 STATE ROAD 590	
		CLEARWATER FLORIDA 33759	■Remove
			Change
			🗆 🗀 Add
			∐Remove
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record specifies a delayed effective date, but not an effe is filed.	ective time	, at 12:01 a.i	n. on the earli	er of: (b)	The 90	th day a	fter the
ated JULY 23RD 2023	3						
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Signature of a munber	or authoriz	ed representa-	ive of a member	r			