L20000 048 15

_____
(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

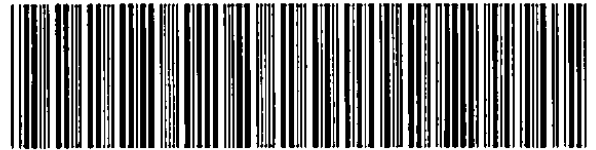[ ] PICK-UP   [ ] WAIT   [ ] MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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04/23/20--01027--013   **25.0(

2020 APR 23 AM 8: 40

SSS/20

TO: Registration Section
     Division of Corporations

     WHITE KNIGHT TECH LLC
SUBJECT: _____
                 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:

           DAVID HAMMER
     _____
                    Name of Person

     WHITE KNIGHT TECH LLC
     _____
                    Firm/Company

     1905 N. Market Street, Bay 3
     _____
                      Address

     Tampa, FL 33602
     _____
                City/State and Zip Code

     dhammer@hammerbiz.com
     _____
     E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hammer   813   358-4416
_____ 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 &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                                      (additional copy is enclosed)

TO
ARTICLES OF ORGANIZATION
OF

WHITE KNIGHT TECH 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 February 11, 2020 _____ and assigne

Florida document number L20000048151 _____ .

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:	1905 N. Market St., Bay 3
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33602
Enter new mailing address, if applicable:	1905 N. Market St., Bay 3
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33602

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg agent and/or the new registered office address here:

Name of New Registered Agent:	David Hammer
New Registered Office Address:	4826 Troydale Road
	Enter Florida street address
	Tampa , **Florida** 33615
	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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

David Hammer
_____
If Changing Registered Agent, **Signature of New Registered Agent**

MGR =   Manager
AMBR = Authorized Member

Title	Name	Address	Type of Act
MGR	David Hammer	4826 Troydale Rd.	■Add
		Tampa, FL 33615	☐Remove
			☐Change
MGR	Richard N. Bernstein	2234 N. Federal Highway, Suite 16596	☐Add
		Boca Raton, FL 33431	■Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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: _____ **(optional)**
(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 605.020?
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 _____April 21_____ , ___2020____ .

David Hammer

_____
Signature of a member or authorized representative of a member

David Hammer
_____
Typed or printed name of signee