



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900427373399

04/10/24--01017--001 \*\*25.00

## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations						
SUPRAK I	.I.C						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
". i e teturi all correspo	ndence concerning this matter	to the following:					
	ABHA SHRIVASTAVA						
		Name of Person					
	SUPRAK LLC						
		Firm/Company	<del></del>				
	1100 Lee Wagener BLVD	#344					
		Address					
	Fort Lauderdale, FL 3331:	5					
		City State and Zip Code					
	abharushi06@yahoo.com						
	E-mail address: (	to be used for future annual report not	ification)				
For further information e-	oncerning this matter, please c	all:					
ABHA SHRIVASTAVA	•	312 5023917					
Name o	l'Person		ne Telephone Number				
Forder star collect for th	oe following amount:						
t No FUlling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy cadditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPRAK LLC		
« <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	ras it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 02/26/2024 and assig	ned
Florida document number L24000098188		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
must be distingui-hable and contain the words "Limited I jability	Company," the designation "LLC" or the abbreviation "L.L	C."
prancipal offices address, if applicable:		
address MUST BE A STREET ADDRESS)	*-7	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u>·</u>	
		<del></del>
is. It amending the registered agent and/or registered office ad	***	registere
way on our the new registered office address here:		
same of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	Florida	· · <del></del>
New Registered Agent's Signature, if changing Registered Agent:	7,7.5%	
Thereby accept the appointment as registered agent and agree over some or all statutes relative to the proper and complete place optical obligations of my position as registered agent as property to merely reflect a change in the registered office a success was been notified in writing of this change.	erformance of my duties, and I am familiar with ovided for in Chapter 605, F.S. Or, if this docum	and went is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

Manager Manager

### AMBR = Authorized Member

t itte	<u>Name</u>	Address	Type of Action
AMBR	Abha Shrivastava	1100 LEE WAGENER BLVD STE 344	
		FORT LAUDERDALE, FL 33315	
			<b>■</b> Change
			□Add
			□Remove
			TChange
			□Remove
			□Change
			\( \sum_\) Add
			[]Remove
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			□Remove
			□Change

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reflective date is fisted, the date m te: 11 the date inserted in this l		(optional)  date of filing or more than 90 days after filing.) Pursuant to estatutory filing requirements, this date will not be	
cord specifies a delayed effect s filed.	ive date, but not an effective time.	, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
March 05	2024		
	,		
_	A P		
	Signature of a member or authorize	ed representative of a member	_

Filing Fee: \$25.00

# Duplicate Not Needed



April 26, 2024

CORPORATION SERVICE COMPANY

Please give original submission date as file date.

Letter Number: 624A00009157

SUBJECT: WHITE LABEL CAPITAL, LLC

Ref. Number: L21000069858

We have received your document for WHITE LABEL CAPITAL, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

> RECE 2024 APR 30 SEPTEMBER 1317 MARSSE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE :
AUTHORIZATION-TIME ROLL
COST LIMIT 5: \$25.0
ORDER DATE : 04/30/24
ORDER TIME :
ORDER NO. :
CUSTOMER NO:
CHANGE OF AGENT
NAME: White Label Capital, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY
CONTACT PERSON: shauna godbolt
EXAMINED'S INTUITALS.

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	WHITE LABEL CAPITAL, LLC					
SODJE		Name of Limited Liability Company				
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please r	return all correspondence concerning this n	natter to the following:				
Carolin	e Lascek					
	Name of Person					
c/o K&L	L Gates LLP					
	Firm/Company	<del></del>				
210 Six	kth Avenue					
	Address					
Pittsbu	rgh PA 15222					
	City/State and Zip Code					
E-	-mail address: (to be used for future annual	report notification)				
For furt	ther information concerning this matter, ple	ease call:				
		at (				
	Name of Person	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following an	nount:				
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18	(2/14)					

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company:	CAPITAL,_LI	LC
2. (a)	710 Springdale Drive	(b) _	10 Springdale Drive
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Exton, PA 19341	E	xton, PA 19341
	02/09/2021	 L2	1000069858
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	REGISTERED AGENTS INC		
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 7901 4TH N STE 300	'ADDRESS)	
	ST. PETERBURG, F	33702 L	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office addre	<u></u>
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, F	L_32301	
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the James Mage.	e registered of iability comparts of the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Signa	ture of a member of Million seed representative of a member	·	Printed or typed name of signee
provis. the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.  Shauna Joabolt	ree to act in performanced for in Cha hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signan	ure of Registered Agent		

#### **COVER LETTER**

TO:	D: Registration Section Division of Corporations			
SUBJE	WHITE LABEL CAPITAL, LLC			
00202		f Limited	Liability Company	
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Office (	Change a	nd fee(s) are submitted for filing.	
Please 1	return all correspondence concerning this m	atter to t	he following:	
Carolin	e Lascek			
	Name of Person	-		
c/o K&l	L Gates LLP			
	Firm/Company			
210 Six	kth Avenue			
	Address		<del></del>	
Pittsbu	rgh PA 15222			
	City/State and Zip Code			
——— <u>—</u>	-mail address: (to be used for future annual	report no	otification)	
For furt	ther information concerning this matter, plea	ase call:		
		ıt (	)	
	Name of Person		Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following am	ount:		
	□ \$25 Filing Fee	۵	\$55 Filing Fee & Certified Copy	
INHS18	(2/14)			

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: WHITE LABEL C.	APITA	AL, LLC	
2.	(a)	710 Springdale Drive	(	710 Spri	ngdale Drive
4.	(α) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Exton, PA 19341	_	Exton, P.	A 19341
		02/09/2021	<del>-</del>	L2100006	9858
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	REGISTERED AGENTS INC			_
	` ,	Registered Agent and Registered Office shown on the records of the	ne Flori	da Dept, of Sta	ite:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>ss)</u>	_
		7901 4TH N STE 300			
		ST. PETERBURG FL	33702		_
		,			_
	(b)				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Uttice s	address:	
		Corporation Service Company			
		NEW Registered Office Address:			_
		1201 Hays Street			_
		Tallahassee , FL	32301		_
cha age wa	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial at the case of the members of the operating agreement of the less of organization or the operating agreement of the less of organization or the operating agreement of the less of organization or the operating agreement of the less of organization or the operating agreement of the less of organization or the operating agreement of the less of organization or the operating agreement of the less of organization or the operating agreement of the less of organization or the operating agreement of the less of the operating agreement of the operating agreeme	registe bility of the li imited	ered office a company, it mited liabili I liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in inpany.
		James Magee	Ja —	mes Magee	- Chief Financial Officer
Il pro the to no	nerei oviși obl mere tified	ture of a member statement as registered agent and agree on so of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have for this change.  Shauna Jodbolt  The of Registered Agent	te to ac perform for in ereby	ct in this cap mance of my Chapter 60 confirm that	Printed or typed name of signee pacity. I further agree to comply with the pauties, and I am jamiliar with and accept 15, F.S. Or, if this document is being filed to the limited liability company has been