Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000197629 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ARES & COMPANY, C.P.A., P.A.

Account Number : I20000000268 : (305)229-8256 Fax Number : (305)229-8252

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jsalcedo@whiteliontechnology.com

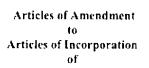
## COR AMND/RESTATE/CORRECT OR O/D RESIGN AMESOL CORPORATION

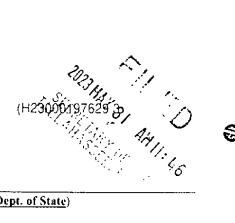
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

J. HORNE

9

JUN - 1 2023





AMESOL CORPORATION

(Name	of Corporation as currently	v filed with the Florida Dept. of State)	
P00000036015		The state of the s	
	(Document Number of	Corporation (1f known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the followi	ng amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
WHITE LION TECHNOLOGY USA C	ORP		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviat professional corporation name must conta	ion "Corp.,"
B. Enter new principal office address,		N/A	***************************************
Principal office address <u>MUST BE A S</u>	IKEET ADDRESS )		
Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE ROY)	N/A	
maning address MAT BE A 1031	OTTICE BOX		
D. If amending the registered agent ar	rd/ar ragisturad affine addr	nor in Cloude outputh and of the	
new registered agent and/or the ne	w registered office address:	ess in Fioritia, enter the hame of the	
Name of New Registered Agent	N/A		
them of them in games en rigera			_
	(Florida stre	et address)	_
	N/A	L. Mille L. A.	
New Registered Office Address:		, Florida	Code)
	:	(Esp	Chae
New Registered Agent's Signature, if c	hanging Registered Agent:		
hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the position.	
	Signature of New Re	gistered Agent, if changing	_
		a samma ma	
Theck if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

## (H23000197629 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			***
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			***************************************
6) Change			
Add			***************************************
Remove			

A	adding additional Air al sheets, if necessary)	). (Be specific)		
4.1				
	77.55			***************************************
				1
	- <u></u> -	W. F		
			·	
	<del></del>		***************************************	
		1-3-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		
- 11-1111111111111111111111111111111111	*		· · · · · · · · · · · · · · · · · · ·	
•				
				7
<del></del>	- 517.51.5.1			
			***	
				·
	at menuidae fau au ausa			
f an amendme	implementing the am	endment if not contain	or cancellation of issued ed in the amendment itse	<u>snares,</u> lf:
provisions for	icable, indicate N/A)			<del></del>
<u>provisions for </u>				
provisions for (if not appl				
provisions for (if not appl				
provisions for (if not appl				
provisions for (if not appl				
provisions for (if not appl				
if not appl				
if not appl				
f an amendmen provisions for (if not appl				
(if not appl				
(if not appl				

(H23000197629 3

	N/A	
The date of each amendm		, if other than the
date this document was sig		
Effective date if applicable	N/A le:	
	(no more than 90) days after amendment file date)	<del></del>
	in this block does not meet the applicable statutory filing requirements, this date will non the Department of State's records	ot be listed as the
Adoption of Amendment(	(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/action was not required.	/were adopted by the incorporators, or board of directors without shareholder action and sh	narcholder
	/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval	
by	e .	
,	(voting group)	
X Dated	May 30, 2023	
	Jorga Ralcado Kuljavan pai: orazzasi (minuta 6 apprel	
Signaturu	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	JORGE SALCEDO	
	(Typed or printed name of person signing)	<del></del>
	PD	
	(Title of person signing)	<del></del>