L05000070664

(Requestor's Name)				
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
		İ		

Office Use Only



800142008958

02/02/09--01036--009 **25.00

DIVISION OF CORPORATIONS

OF FER = 2 PM | 1 · 2 i

T. HAMPTON

FEB - 3 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Signatu	re Securities Group	LLC	_
		ited Liability Company)	
The enclosed Articles of	Amendment and foo(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alvaro Castillo		
		(Name of Person)	
	Castillo & Associates		
		(Firm/Company)	·
	1390 Brickell Avenue, Su	uite 200	
		(Address)	
	Miami, Florida 33131		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
Alvaro Castillo		at (305) 371-5540	
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne following amount:		
2 \$25.00 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 Status & Certified Copy (additional copy is enclosed)

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 FEB -2 PH 1: 34

			RAII
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appears on our records.) Jability Company)	ONS CH
The Articles of Organization for this Limited I Florida document number L05000070664	Liability Company	were filed on <u>07/18/2005</u>	and assigned
	······································		
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:	
Activa Capital Group LLC	the following: name of the limited liability company here: d end with the words "Limited Liability Company," the designation "LLC" or the abbreviation f applicable: 1101 Brickell Avenue - Suite 801N Miami, Florida 33131 ble: 1101 Brickell Avenue - Suite 801N Miami, Florida 33131 ht and/or registered office address on our records, enter the name of the new tered office address here: 1101 Brickell Avenue - Suite 801N (Enter Florida street address) Miami Miami Florida 33131		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limi	ted Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		1101 Brickell Avenue - Suite 801N	
(Principal office address MUST BE A STRE)	ET ADDRESS)	Miami, Florida 33131	
Enter new mailing address, if applicable:		1101 Brickell Avenue - Suite 801N	
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered o			he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		(Enter Florida street add	iress)
	Miami		
		(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

وزند

MGR = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amending	any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
			09 FEB - 2 PM
Dated January 2	28	2009	ORATIONS 1:3 4
	- Tr	wo bool.	
		nember or authorized representative of a member	
		Franco Castro Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00