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(Business Entity Name)				
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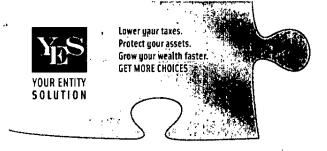
EXAMINER



000215053750

12/12/11--01032--018 **25.00





Your Entity Solution, LLC 6440 Sky Pointe Drive, Suite 140-106 Las Vegas, NV 89131

> Direct (702) 506-0190 Fax (815) 301-3015

December 2, 2011

Florida Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Madam or Sir,

Enclosed please find check number <u>6227</u> in the amount of \$25.00 for our Articles of Amendment to the Articles of Organization of Equity Capital Enterprises, LLC. Also enclosed is an extra copy of the Articles of Amendment to the Articles of Organization.

Please mail the Filed Stamped Copy of our Document to the following address:

Your Entity Solution, LLC 6440 Sky Pointe Dr Ste 140-106 Las Vegas NV 89131

Thank you for your time and consideration.

Sincerely,

Your Entity Solution, LLC

Kylie*∤*Kearns,

702-506-0197 office 702-938-7280 facsimile

Kylie@yourentitysolution.com

COVER LETTER

TO: Régistratio Division of	n Section Corporations	,			
SUBJECT:	EQUITY CAPITA	AL ENTERPRISES, LL	.C		
SUBJECT.		nited Liability Company			
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.			
Please return all corr	espondence concerning this matte	er to the following:			
		KYLIE KEARNS Name of Person			
		Name of Person			
	YOUR ENTITY SOLUTION, LLC			iii aa	
		Firm/Company			
	6440 Sk	6440 SKY POINTE DR., STE 140-106			7
		Address		2011 DEC 12 SEENCTARY	
	L	AS VEGAS, NV 89131			Ĭ.
		City/State and Zip Code		S. W	Ø
	KYLIE@Y	OURENTITYSOLUTION.C	COM		
For further informati	on concerning this matter, please	•	meuriony		
	KYLIE KEARNS	at (_702)	506-0197		
Na	me of Person	Area Code & Daytii	me Telephone Number		
	for the following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified (e of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUITY CA	<u> PITAL ENTERPR</u>	ISES, LLC	-
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now a rida Limited Liability Comp	ppears on our records.) any)	
· ·		• ,	
The Articles of Organization for this Limited Liabil	ity Company were filed or	November 28, 201	1 and assigned
Florida document numberL1100013398	<u>3</u>		
	, .		
This amendment is submitted to amend the following	ng:		
A TC	. V (4 - 3 P - b /P4	h	•
A. If amending name, enter the new name of the	limited hability compan	<u>y nere</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability C	Company," the designation "L	LC" or the abbreviatio
T		e e	m)
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>	<u> </u>	B m
	 		7.
		i i i	2 ~ [
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		# W
		<u> </u>	**************************************
B. If amending the registered agent and/or a registered agent and/or the new registered office		on our records, enter the	ne name of the nev
registered agent and/or the new registered office	address here:		
221 22 14 14			
Name of New Registered Agent:			
New Registered Office Address:			*****
, cr	***	Enter Florida street addi	ress
_		, Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

	Managing Member	,	c.		
<u>Title</u>	<u>Name</u>		Address		Type of Action
MGR_	YANILA NINO	, <u>, , , , , , , , , , , , , , , , , , </u>	1200 WEST AVE., APT 924 MIAMI BEACH, FL 33139		_ Add ☐ Remove
					Add Remove
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	<u> </u>	<u>.</u>			Add Remove
		· *;			Add □ Remove
				FL STA	Add Emove
D. If amen	ding any other information, en	ter change((s) here: (Attach additional sheets, if nece	ssary.)	 -
_					<u>.</u> -
<u> </u>					-
Dated	December 2	201 La Member of	1		
	Signature 0		LIE KEARNS		
			r printed name of signee		

Page 2 of 2

Filing Fee: \$25.00