Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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COVER LETTER

	gistration Sec vision of Corp				
eun ie <i>c</i> e.		HIAN CAPITOL VENTU	RES LLC		
SUBJECT	VBJECT: Name of Limited Liability Company				
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspor	idence concerning this matter	to the following:		
		Cheyenne Moseley			
		N 48.6.40	Name of Person	***************************************	
		Legalzoom.com, Inc.			
	Firm/Company				
		100 W. Broadway Suite	100		
		·	Address		
		Glendale, CA 91210			
			City/State and Zip Code		
		Andrew.carbone@sunbe			
		L-mail address: (to be used for future annual report notifi	ication)	
For further	information co	oncerning this matter, please co	all:		
Imelda Va			323 962-8600 ex		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
\$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

APPALACHIAN CAPITOL VENTUR			_	
(A Florie	lity Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on 07/23/2015	and	d assig	med
Florida document number <u>L15000125979</u>	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
Appalachian Capital Ventures LLC				
The new name must be distinguishable and end with the words $:$ I	Limited Liability Company, the designation : LLC:	or the abbreviati	آ. ا ن no	C.: 1
Enter new principal offices address, if applicable:		<u> </u>	*	
(Principal office address MUST BE A STREET ADD	PRESS)		(3)	
		(22 ° 57	1	1 ***
			7	
Enter new mailing address, if applicable:			. :	1 4 "
(Mailing address MAY BE A POST OFFICE BOX)		72. 2.	9	
mulaig duaress matt monte on the book		7/4		···
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the na	me of	the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u> </u>	, Flori			
	City	Zip C	ock	

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 605, 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

2015-08-26 15:19

fax

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
			□ Remove
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2015-08-27 08:55:37 PDT

LegalZoom.com, Inc. From: Sarah Perales

2015-08-26 15:19

fax

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If amending any other information, enter change(s) here:	izmach additimat sneem, ij neemsury, j

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the date this document is filled by the Florida Department of State)	
Dated,	<u></u>
Nignature of a member of authoriz	red representative of a memoer
Andrew	Carbone
Typed or printed	name of signee

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SLORETARY OF STALL TALL SHAREST FLORE