## LISWIMO470

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

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TO: Re	egistration Sectivision of Corp	ction porations		
SUBJECT	F.A. CAPIT			
SUBJECT	*		ated Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		ORI ASHKENAZI		
			Name of Person	
		F.A. CAPITAL LLC		
			Firm/Company	
		1016 THOMAS DR #297		
			Address	
		PANAMA CITY BEACH		
		<del></del>	City/State and Zip Code	
		ORIASHKE@GMAIL.CO		
		E-mail address: (	to be used for future annual report notificat	ion)
For further	information co	oncerning this matter, please ca	all:	
ORI ASHI			at ( )	2018 REED TALL
	Name of	Person	at () Area Code Daytime Te	elephone Number
Enclosed is	a check for th	e following amount:		25 A SSEE F
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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

F.A. CAPITAL LLC			
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on ou lited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on SEPTEM	BER 30, 2015	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
3 ALPHA INVESTMENTS LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			····
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		
			2016
		<u> </u>	
Enter new mailing address, if applicable:		A57	2
		14.1-4 14.1-4	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	*****	11 .	3 4 4 gy
			_ <del>=</del>
		33 97	<u>и</u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, <u>entéf the</u>	e name of the ne
registered agent and/or the new registered office address	inci c.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	n address	
		. 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 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

,	If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	being	added
	or removed from our records:		

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		PANAMA CITY BEACH, FL 3241 ■	☐ Remove
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ffectiv	e date, if other	than the date	of filing	:				_ (optio	nal)	СП	
an effec	ctive date is listed, th	he date must be sp	pecific and o	cannot be pr	ior to date o	f filing or mo	re than 90 da	ays after f	iling.) P	uistiant to	605.020
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Filing Fee: \$25.00