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PICK-UP	■ WAIT	MAIL
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## **COVER LETTER**

TO: Registrat Division o						
	IAL CAI	PITAL MIAMI, LLC				
SUBJECT:		Name of Limi	ted Liability Company			
		mendment and fee(s) are subr				
	·	MARCELO GOULART	·			
			Name of Person			
			Firm/Company	·		
	420 LINCOLN RD, STE 500					
			Address			
		MIAMI BEACH, FL 3313	9,			
			City/State and Zip Code			
		MARCELO.GOUART@CO	ONCEPTIDGROUP.COM to be used for future annual report notific	eation)		
For further informa	ation con	cerning this matter, please ca	-	auton)	2017 8.00 1A.LLJ	Omerone
MARCELO GOU	JLART		786 768-2447		AHAC AHAC	
ן	Name of F	Person		Telephone Number	-6 D	
Enclosed is a chec	k for the	following amount:			Constant of the constant of th	D
\$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee, O e of Status &	

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

SOCIAL CAPITAL MIAMI, LLC		
(Name of the Limi	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L	Liability Company were filed on $\frac{01/27/2}{2}$	2016 and assigned
Florida document number L16000018945	<u> </u>	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	•	r records, enter the name of the ne
Name of New Registered Agent:	GOULART HOLDING, LLC	AHE T
New Registered Office Address:	1504 BAY RD STE 1001	S
	Enter Florida s	, Florida 33139
	Ciţy	Zip.Code
New Registered Agent's Signature, if changing	Registered Agent:	<b>₽</b> ••

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.

hanging Registered Agent, <u>Signature/of New Registered Ager</u>

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	GOULART HOLDING, LLC	1504 BAY RD STE 1001	<b>■</b> Add
		MIAMI BEACH, FL 33139	□ Remove
			☐ Change
MGR	CONCEPT ID GROUP, LLC	420 LINCOLN ROAD, STE 500	Add
		MIAMI BEACH, FL 33139	■ Remove
			☐ Change
			Add
			Remove
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Note:	ive date, if other than the da fective date is listed, the date must be If the date inserted in this block lent's effective date on the Depa	c does not meet the applica	o date of filing or more than s ble statutory filing require	(optional) days after filing.) Pursuant to 60: ments, this date will not be list	5.0207 (3 ted as th
	cord specifies a delayed e 90th day after the record		an effective time, a	: 12:01 a.m. on the earli	er of:
Dated	JANUARY 26	2017			
Daired		Antonio M	1 21 /11	1-1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00