

L19000301348

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H200000259503ABCX

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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2020 JAN 23 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KAWA PRIVATE CLIENT LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

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Amend  
Name chg

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JAN 24 2020  
I ALBRITTON

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KAWA PRIVATE CLIENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2020 JAN 23 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Organization for this Limited Liability Company were filed on December 10th, 2019 and assigned  
document number L19000301348

amendment is submitted to amend the following:

**If amending name, enter the new name of the limited liability company here:**

a Capital Markets LLC

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**If new principal offices address, if applicable:**

**Principal office address MUST BE A STREET ADDRESS)**

**If new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX)**

**If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

**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**

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

= Manager  
R = Authorized Member

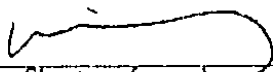
| <u>Name</u>                                    | <u>Address</u>                   | <u>Type of Action</u>                      |
|------------------------------------------------|----------------------------------|--------------------------------------------|
| <u>KAWA CAPITAL</u><br><u>MANAGEMENT, INC.</u> | 21500 BISCAYNE BLVD SUITE<br>700 | <input type="checkbox"/> Add               |
|                                                | AVENTURA, FL 33180               | <input checked="" type="checkbox"/> Remove |
|                                                |                                  | <input type="checkbox"/> Change            |
| <u>KAWA CAPITAL PARTNERS</u><br><u>LLC</u>     | 21500 BISCAYNE BLVD SUITE<br>700 | <input checked="" type="checkbox"/> Add    |
|                                                | AVENTURA, FL 33180               | <input type="checkbox"/> Remove            |
|                                                |                                  | <input type="checkbox"/> Change            |
|                                                |                                  | <input type="checkbox"/> Add               |
|                                                |                                  | <input type="checkbox"/> Remove            |
|                                                |                                  | <input type="checkbox"/> Change            |
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|                                                |                                  | <input type="checkbox"/> Add               |
|                                                |                                  | <input type="checkbox"/> Remove            |
|                                                |                                  | <input type="checkbox"/> Change            |

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
The 90th day after the record is filed.

Dated January 14th, 2020



Signature of a member or authorized representative of a member

Daniel Ades

Typed or printed name of signee