

L12000140691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 FEB 25 P 4:06
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B. BOSTICK

FEB 25 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TIGER CAPITAL GROUP LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YITZCHAK GROYER

Name of Person

YRG ACCOUNTING LLC

Firm/Company

762 EMPIRE BLVD, SUITE 4B

Address

BROOKLYN, NY, 11213

City/State and Zip Code

YESSACCOUNTING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YITZCHAK GROYER

at (917 701) 2687

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 FEB 25 P 4:06
TALLAHASSEE, FL

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

TIGER CAPITAL GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/06/2012 and assigned Florida document number L12000140691.

This amendment is submitted to amend the following:

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

BUSINESS CAPITAL LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

36 NE 1st Street

Suite # 145

MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

36 NE 1st Street

Suite # 145

MIAMI, FL 33132

B. 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:

36 NE 1st Street Suite # 145

Enter Florida street address

MIAMI

City

, Florida

33132

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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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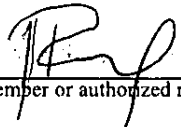
FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 17TH, 2014



Signature of a member or authorized representative of a member

TZVI PERSHIN

Typed or printed name of signee

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Filing Fee: \$25.00

2014 FEB 25 P 4:05
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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