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COVER LETTER

Division of Corp	orations		
SUBJECT: 2001 CAP	TTAL, LLC		
	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fec(s) are subm	sitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	MATT MATHEWS, A	TTORNEY AT LAW	
		Name of Person	
	MATHEWS LAW FIRE	M, P. A.	
		Firm/Company	
	277 PINEWOOD DRI	VE	
		Address	***
	TALLAHASSEE, FLO	RIDA 32303	
		City/State and Zip Code	
	m2@mathewslawfirm.		
		be used for future annual report notificat	ion)
For further information con	cerning this matter, please call	:	
MATT MATHEWS, A	ATTORNEY AT LAW	850 681-9303	
Name of F	Person		lephone Number
Enclosed is a check for the	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:

TO:

Registration Section

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

2001 CAPITAL, LLC				
(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	now appears on our rey Company)	cords.)	
The Articles of Organization for this Limited I Florida document number L15000019498	Liability Company were	filed on 02/02/201	5	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability c	ompany here:		
The new name must be distinguishable and end with the	e words "Limited Liability Co	ompany," the designation	"LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	M	_	
B. If amending the registered agent and registered agent and/or the new registered o				e name of the no
New Registered Office Address:	277 PINEWOOD		ina	
	TALLAHASSEE		ddress , Florida 3230	13 PR 28
New Registered Agent's Signature, if changing	Control Registered Agent:	<i>t</i> y	ii) Li	Zip Code
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registers a change in the	ed agent and agree to deer and complete perfo istered agent as provid	rmance of my duties ed for in Chapter 60	s, and I am fam 05, F.S. Or, if t	niliar with and this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CAP-DIS, LLC	2001 THOMASVILLE ROAD	A dd
		TALLAHASSEE, FLORIDA 32303	□ Remove
AMBR	MELISSA OGLESBY	2027 WINDSOR OAKS COURT	
		TALLAHASSEE, FLORIDA 32308	■ Remove
AMBR	GARDNER INVESTMENT HOLDINGS, LLC	1303 PEACHFIELD PLACE	
		TALLAHASSEE, FLORIDA 32308	■ Remove
		See	Remove PR 29 PH Add
			Remove
			Remove

If amending any other information	, enter change(s) here. (Attach addi	tional sheets, if necessary.)
ffective date, if other than the da he effective date must be specific, cannot b he date this document is filed by the Florid	te of filing: e prior to date of receipt or filed date and cant a Department of State)	(optional) not be more than 90 days after
ated APRIL ぬる	2015	
Man Ho		
MATT MATHEWS, A	mature of a member or authorized representa	tive of a member

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Filing Fee: \$25.00

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