Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACBOTAX CORP Account Number : I20190000033 Phone : (786)703-5142

Fax Number : (786)703-8148

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

Email Address: DUU

puula@acbotax.com

JZO SEP -8 AM 8: 04

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARGENTUM CP1 LLC

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Name of Limite	d Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	nined for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
	ARGENTUM CAPITAL PA	ARTNERS LLC		
		Name of Person		
	ARGENTUM CP1 LLC			
		Firm/Company	· <u> </u>	
	1541 SUNSET DRIVE SUI	TE 303		
		Address		٠,
	CORAL GABLES, FL 331	43		20 SEP -8 M
		City/State and Zip Code		20 SEP -8
	OSVALDO@ARGENTUM			: ا
	E-mail address: (t	o be used for future annual report notifica	ation)	ැ න වූ
For further information c	oncerning this matter, please ca	ull:		-X-10:
OSVALDO MACEDO N	NETO	561 665-1866 at ()		51:0
Name o	f Person	Area Code Daytime T	elephone Number	, (3
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is cuclosed)	☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H2000030741 3 ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

ARGENTUM CPI LLC			<u> </u>
(Name of the Limited	Liability Compar A Florida Limited L	ny as it now appears on our reciability Company)	(Ords.)
The Articles of Organization for this Limited Lia Florida document number L17000033365	bility Company	were filed on 02/10/2017	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	ility company here:	
N/A			
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıb l e:	1541 SUNSET DRIVE	
(Principal office address MUST BE A STREET		SUITE 303	
(Principal office address MOST BE A STREET ADDI		CORAL GABLES	
Enter new mailing address, if applicable:		1541 SUNSET DRIVE	
•	ROX)	SUITE 303	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FL 33	143
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	ACBOTAX C		nter the name of the new registered
New Registered Office Address:		Enter Florida stree!	nddress
	CORAL GAB	LES	_, Florida <u>33143</u>

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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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
MGR	ARGENTUM CAPITAL PARTNERS LLC	1541 SUNSET DRIVE	□ Add
		SUITE 303	□Remove
		CORAL GABLES, FL 33143	🗏 Change
			□Add
			Remove
			☐ Change
			🗀 Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			Change

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amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an ef <u>Note:</u>	ive date, if other than the date of filing: (optional) (cetive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
c reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	09/01/2020
	Attack Sta
	Signature of a member or authorized representative of a member
	OSVALDO MACEDO NETO
	Typed or printed name of signee

Filing Fee: \$25.00