

#/03000053426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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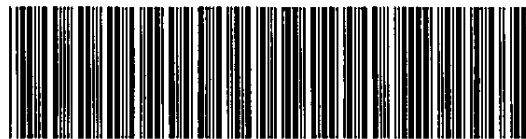
(Business Entity Name)

(Document Number)

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2014 JAN 13 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 16 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THE HUMAN 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:

ROY ASSAD  
Name of Person  
The Human Capital Group, LLC  
Firm/Company  
319 Clematis Street, Suite 570  
Address  
West Palm Beach, FL 33401  
City/State and Zip Code  
rossad@hcgnow.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROY ASSAD at ( 561 ) 909-6132  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2014 JAN 13 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE HUMAN 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 12/16/2003 and assigned  
Florida document number L03000053426.

This amendment is submitted to amend the following:

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

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)

319 CLEMATIS STREET  
SUITE 510  
WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

**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:

319 CLEMATIS STREET # 510  
Enter Florida street address  
WEST PALM BEACH, Florida 33401  
City 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>                      |
|--------------|-------------|-------------------------------|--|
| MGRM         | JOHN ARNOLD | 2921 NW 112 <sup>th</sup> AVE | <input type="checkbox"/> Add               |
|              |             | CORAL SPRINGS, FL 33065       | <input checked="" type="checkbox"/> Remove |
|              |             |                               |  |
|              |             |                               | <input type="checkbox"/> Add               |
|              |             |                               | <input type="checkbox"/> Remove            |
|              |             |                               |  |
|              |             |                               | <input type="checkbox"/> Add               |
|              |             |                               | <input type="checkbox"/> Remove            |
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|              |             |                               | <input type="checkbox"/> Add               |
|              |             |                               | <input type="checkbox"/> Remove            |
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|              |             |                               | <input type="checkbox"/> Add               |
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|              |             |                               | <input type="checkbox"/> Add               |
|              |             |                               | <input type="checkbox"/> Remove            |

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))*

Dated January 8, 2014.

Roy Assad  
Signature of a member or authorized representative of a member

Roy ASSAD  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**