Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone: (614)280-3338 Fax Number: (954)208-0845

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

6

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. GLOBAL FINANCIAL PRIVATE CAPITAL, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Financial Private Capital, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our re liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number L04090042570	were filed on 6/7/2004		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Alpha Peak Capital I LC		<u> </u>	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	'LLC' or the abb	revistion "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mee address on our rec e:	ords, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a		6.
سعب عديد وورويو		_, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent			2 p car
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. performance of my dutie provided for in Chapter (s, ana 1 am ja 805, F.S. Or, i	f this document is
If Cha	nging Registered Agent, <u>Signa</u>	ture of New Reg	istered Agent

Page 1 of 3

MGR = Manager

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

AMBR = Authorized Member <u>Address</u> Type of Action Title Name □ Add ____ □ Remove _____ Change _____,_____D Add ____ □ Remove _____ Change ____ D Add □ Remove ____ Change ____ □ Add ____ ☐ Remove ☐ Change __ □ Remove _____ Change _____ Remove _____ Change

								
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Signatu	ite of a mei							

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Filing Fee: \$25.00