8/14/2018	Florida Department of State
	Division of Corporations Electronic Filing Cover Sheet
,	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
	(((H18000236884 3)))
	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
	Certificate of Status 0 Certified Copy 1 Page Count 04 Estimated Charge \$55.00
ت ت ب ^ب 14 SUI8 NUG 14	

B FIGUEROA

.

.

.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AlphaPeak Capital, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny <u>aa it now appea</u> aability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L04000042570</u>	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 liabi	<u>lity company h</u>	ere:	
Global Financial Private Capital, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or 1	be abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	·····
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

		-		
Name of New Registered Agent:				
Manie of New Registerod Algem			30	
New Registered Office Address:				
New Registered White Address.	Emer Florida stre	ei address	÷-	
		. Florida	101	•
	City	, • • • • • • • • •	Zip Code	
New Registered Agent's Signature, if changing Register	ed Agent:		ω ω	

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

Page 1 of 3

- .

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

Title	Nume	Address	Type of Action
			Add
			C Remove
			Change
			[] Add
			🛛 Remove
			Change
			🛛 Add
			🖸 Remove
			Change
			Add
			C Remove
			Change
			O Add
			🗖 Remove
			Change
·			O Add
			Remove
			Change

• •

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

	······································
	···
	. rem
	Ç.
	·
	*. F
	······································
	·····
•	
	L
	······································

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated	August 13	2018	
		V-1	
	Signatu	ire of a member or authorized representative of a member	
		Jerden Pritchard LED Typed or printed name of signee	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00