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## **COVER LETTER**

TO:

TO: Registrati Division o					
	L FUND	CAPITAL, LLC			,
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Artic	les of An	nendment and fee(s) are subt	mitted for filing.		
Please return all co	rrespond	ence concerning this matter	to the following:		
		GABRIEL AMIEL			
			Name of Person		<del></del>
		REAL FUND CAPITAL, I	1.C		
			Firm/Company		···· <del>·</del>
		20900 NE 30TH AVE, SUI	ITE 914		
			Address		
		AVENTURA, FLORIDA	33180		
		GA@AMIELGROUP.COM	City/State and Zip Code		
		E-mail address: (t	o be used for future annual	report notificat	ion)
For further informa	tion con	cerning this matter, please ca	ill:		
GABRIELAMIEI				5 8306	
N	lame of Po	erson	at () Arca Code	Daytime Te	tephone Number
Enclosed is a check	for the t	following amount:	^		
■ \$25.00 Filing F	`ee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is end		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				,	
R	egistratio	G ADDRESS: on Section		T/COURIER ion Section	ADDRESS:
	ivision o .O. Box	of Corporations 6327	Division Clifton B	of Corporatio	ns
		ee, FL 32314		ecutive Center	Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL FUND CAPITAL, LLC (Name of the Limited)	Liability Compan	y as it now appears on our lability Company)	records.)		
Α)	Florida Limited L	iability Company)	<del></del> -		
The Articles of Organization for this Limited Liab Florida document number		were filed on JULY 12.2	018	and as	ssigned
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of th	<u>ie limited liabil</u>	lity company here:			
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the designation	"LLC" or the abbrevi	ation "I	L.C."
Enter new principal offices address, if applicable	le:	20900 NE 30TH AVE			
Principal office address MUST BE A STREET		SUITE 914	· · · · · · · · · · · · · · · · · · ·	18	SIAIO
Time.pm office address 17051 DE A OFFICIAL	110111111111111111111111111111111111111	AVENTURA, FL 33180	)	JUL	25.05 20.05
Enter new mailing address, if applicable:		20900 NE 30TH AVE		27 AM	TARY OF OF CORP
Mailing address MAY BE A POST OFFICE BO	(X)	SUITE 914		9	08.5 V 28.0
	<u></u>	AVENTURA, FL 33180		ω	io i
3. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	e address here				
New Registered Office Address;	Enter Florida street address				
	AVENTURA				
·		City		ip Code	
		•			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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	AMIEL, GABRIEL	20900 NE 30th Avenue	<b>X</b> Add
		Suite: 314	Remove
		Aventura, FL 33180	Change
HGR_	AMIEL, GABRIEL	2875 NE 191 St	
		Suite 500	Remove
		Aventura, FL 33180.	□ Change
			□ Add
		<del></del>	☐ Remove
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ffective date, if other the an effective date is listed, the cote: If the date inserted in ocument's effective date or	date must be specific and this block does not a	d cannot be prior to omeet the applicable	date of filing or more statutory filing	(optic te than 90 days after requirements, this	filing.) Pursuant to	605,020 listed a
e record specifies a de The 90th day after th			in effective tir	me, at 12:01 a	i.m. on the ea	rlier o
ated 7/18/	12018	1		_		
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<del></del> -	Signature of a	member or authoriz	ed representative o	t a member	· · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00