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(City/State/Zip/Phone #)
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S. HAWKES

DEC 1 1 2009

EXAMINER

COVER LETTER

TO:

то:	Registration Solvision of Co					
SUBJI	ECT:	Nobilis Ca	oital Partners LLC			
			ited Liability Company			
The en	closed Articles of	'Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspondent	ondence concerning this matter	to the following:			
			Edward Buchanan			
			Name of Person			
		Cor	Corpag Services USA, Inc.			
·			Firm/Company			
•		999 E	999 Brickell Avenue, Suite 700			
			Address			
			Miami, FL 33131			
		_	City/State and Zip Code			
		E-mail address: (dward@Corpag.com to be used for future annual rep	ort notification)		
For fu	ther information of	concerning this matter, please of	call:			
		ard Buchanan	at (_305)	358- 7872		
	Name o	of Person	Area Code &	Daytime Telephone Number		
Enclos	ed is a check for t	he following amount:				
√ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		ING ADDRESS: ration Section	STREET/C Registration	COURIER ADDRESS: 1 Section		
		on of Corporations ox 6327	Division of Clifton Bui	Corporations Iding		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nobilis (<u> Capital Partners LL</u>	<u>.C</u>	
(Name of the Limited Liabili (A Florida	ty Company as it now appe Limited Liability Company	ears on our records.)	
(,	
The Articles of Organization for this Limited Liability	Company were filed on	October 1, 2007	and assigned
Florida document numberL07000100237			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
		_	
The new name must be distinguishable and end with the wi	ords "Limited Liability Com	pany," the designation	C" he abbreviation
"L.L.C."		(ب پخت	图 思 卫
Enter new principal offices address, if applicable:		7	EST
(Principal office address MUST BE A STREET ADD	RESS)	ĕ	2 7
			To in
			22 3
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•		
B. If amending the registered agent and/or regi		our records, enter th	e name of the new
registered agent and/or the new registered office ad-	uress nere:		
Name of New Decisions of Assets			
Name of New Registered Agent:			
New Registered Office Address:			
	E	Enter Florida street addre	?SS
		, Florida	
	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 608, 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

		ved from our records:
MGR = 1 MGRM :	Manager = Managing Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	Carparate Agents (BVI)[Palm Grove House, P.O. Box 438 Add Road Town, Tortola Remove British Virgin Islands
MGR	Capag Management (B)	Road Town, Tortola British Virgin Islands
-		TRemove
<u>-</u>		Add Remove
		AddRemove
	·	AddRemove
D. If am	ending any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)
		
	V	
,		
Dated	December 7th ,	2009 member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00