L07000122326

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	∋#)
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SCURETARY DIFSTATE

C. LEWIS

MAR - 4 2009

EXAMINER

COVER LETTER

Division of Co	
SUBJECT:	MIDDLE MARKET CAPITAL, LLC
	(Name of Limited Liability Company)
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	GEORGE ZOMBEK
	(Name of Person)
	MIDDLE MARKET CAPITAL, LLC
	(Firm/Company)
	1200 North Federal Highway, Suite 200
	(Address)
	Boca Raton, FL 33432
	(City/State and Zip Code)
For further information	concerning this matter, please call:
GEORGE	ZOMBEK at 561) 210-8520
(Name	of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for	the following amount:
□ \$25.00 Filing Fee	Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

FLED

2009 MAR - 3 PM 12: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	CAPITAL, LLC	IACCIONI	<u> </u>
(Name of the Limited I	iability Company as it now app Iorida Limited Liability Compan	ears on our records.)	
(A)	Piorida Eninted Elabitity Compan	<i>)</i>	
The Articles of Organization for this Limited Lia	bility Company were filed on _	12/10/07	and assigned
Florida document number <u>L07000122326</u>	5		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company	here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applical	ble:	·	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	*****		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:		, , _, _, _,	
	(Enter Florida street address)		
		, 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)

	lanager Managing Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			= D
 			Pamara
			= 5
			
			Pomous
			7 Damassa
If ame		nter change(s) here: (Attach additional sheets	; if necessary.)
	addition of Member	Cherye Zombek as	<u> </u>
<u>-</u>			2009 MAR -3 TALLAHASSE
	MARCH 2	, <u>2009</u> .	PM 12: 47 PM 12: 47

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Filing Fee: \$25.00