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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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T. HAMPTON

OCT 2 9 2009

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Principle Capital Advisors, LLC Name of Limited Liability Company
Name of Enimed Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rodney McClain Name of Person
Principle Capital Advisors, LLC.
2212 NW 129th Ave
Pembroke Pines, FL 33028  City/State and Zip Code
mcclain@principle capital partners.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Radney MS Clain at (954) 554-8765 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ S55.00 Filing Fee \$ S60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed)  Certificate of Status \$ 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

Pinciple Cap  (Namo of the Limited)	Ha Adv Liability Compar Florida Limited L	SOIS, LL( y as it now appear ability Company)	s on our records.)		
The Articles of Organization for this Limited Lia Florida document number	ability Company	, , ,	1/31/2008	and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compa	ny," the designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	(ADDRESS)			_	<u> </u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u>	<u>80X)</u>	·		09 OCT 28 AM ÎÌ - Ŝ	SECRETARY OF STAT
B. If amending the registered agent and/or registered agent and/or the new registered offi			ur records, <u>enter</u>	the name of	OF new
Name of New Registered Agent:	_Danie	1 Friebis			
New Registered Office Address:	<u> 3890</u>	Turtle C	Seek Drive ver Florida street add	Svite dress	B
	Port Or	ange. City	, Florida	32127 Zip Code	<del></del>

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Name | Address Type of Action ∏Add Remove MGR Add Remove ☐ Add ☐ Remove ∏Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 25 ure of a member or authorized representative of a member MsClain

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00