

FROM :

Division of Corporations

FAX NO. 73054449829

Oct. 22 2010 11:32AM P1
Page 1 of 2

LO 80000068867

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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10 OCT 22 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPITAL PARTNERS HOLDING COMPANY

Certificate of Status	0
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J. SAULSBERRY
EXAMINER

OCT 25 2010

FROM :
Division of Corporations

FAX NO. : 3054449829

Oct. 22 2010 11:32AM P2
Page 2 of 2

Electronic Filing Menu

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Help

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM :

FAX NO. :3054449829

Oct. 22 2010 11:33AM P3

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAPITAL PARTNERS HOLDING COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 16, 2008 and assigned
Florida document number L08000068867

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CAPITAL PARTNERS HOLDING COMPANY, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

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FROM :

FAX NO. : 3054449829

Oct. 22 2010 11:33AM P4

((H10000231447 3)))

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated 10/22, 2010

Signature of a member or authorized representative of a member

JORGE M. VIGIL, ESQ.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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