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M. THOMAS

SEP-2 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: ISM	Name of Lim	Candre Enterprinted Liability Company)	ses, uc
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alena.	Afexandre (Name of Person)	
		(Firm/Company)	
	10025 Boc	G Colone de A	<u>को ३२।</u>
	Bocq Retor	Al 33433 (City/State and Zip Code)	
For further information c	concerning this matter, please c	all:	
Aleng A	fexandre of Person)	at (754) 245-4 (Area Code & Daytime T	S99 Celephone Number)
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S60.00 Filing Fee, 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 Clufton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Isma & Alexan	dre	Enterpris	es lle			
(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 Liabs Florida document number \(\bigcup_D \) \(\bigcup_D \) \(\bigcup_D \)		were filed on	125/08	and assigned		
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liab	ility company here	:capital Envestmen	Alliance ut notice the	c	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limi	ted Liability Compan	y," the designation "	LLC" or the alteroviation	りで	
Enter new principal offices address, if applicable	e:	6025 K	30ca (01	one of the states	2)	
(Principal office address MUST BE A STREET A	(DDRESS)	Both K	rator Al	334836)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	Leo25 Borg R	Boca (ston fl,	olony DR APT 2 33433	12	
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:	Alen	a Alexa	ndre			
New Registered Office Address:	6025	Borg Co	er Florida street aa	14pt 32)		
	Bocq		, Florida			
New Registered Agent's Signature, if changing Reg	istered 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)

Page 1 of/2

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		
Title .	Name	Address	Type of Action
MGK	? Alena Alexandre	Go25 Boza Colong an April 321 13009 Raton, 61 3343	Add Remove
<u> </u>			Add Remove
			Add Reference To the Control of the
			Add Remove
			Add Remove
·			Add Remove
D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-			
-			
Dated	8/25/08 200 Alena Ale	Kandal	
	Signature of a melinber of A Leng Typed of	r authorized representative of a member LX Q D VC.	

Page 2 of 2

Filing Fee: \$25.00