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SECRETARY OF STATE

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EXAMINER

## **COVER LETTER**

TO: Registration Division of	i Section Corporations		• •	
SUBJECT:	EQUITY CAPITA	AL INVESTMENTS, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	espondence concerning this matte	r to the following:		
		SHADI SHOMAR		
		Name of Person		
	SHC	SHOMAR ACCOUNTING, PA Firm/Company  7777 NW 146TH ST Address		
	M	IAMI LAKES, FL 33016	Ā	2009 SEI
		City/State and Zip Code		
		HOMARACCOUNTING.COM		SECRETARY SECRETARY
		to be used for future annual report notificat	ion)	T - T
For further information	on concerning this matter, please	call:	t <sup>o</sup> !!	MII: 06
s	HÀDI SHOMAR	at ( 305 ) 82	25-1123	ří S
Nan	ne of Person	Area Code & Daytime T	elephone Number	_
Enclosed is a check for	or the following amount:			
	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &
Reg	AILING ADDRESS: gistration Section	STREET/COURIER Registration Section Division of Corporation		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUITY CAPITAL	INVESTMENT	S, LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	11/25/2008	and assigned
Florida document numberL08000109331			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	any," the designation "L	LC" or the abbreviati
Enter new principal offices address, if applicable:			7.
(Principal office address MUST BE A STREET ADDRESS)			SEG N
			ARY 23
Enter new mailing address, if applicable:		· · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)	•		
		· · · · · · · · · · · · · · · · · · ·	20 0 20 0 20 0 20 0 20 0 20 0 20 0 20 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			· · · ·
New Registered Office Address:	E	nter Florida street add	
	Er	iter rioriaa sireet aaa	ress
	C't.	, Florida	7:- C- J-
	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

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

Type of Action Title Name 1 Address **MGRM ANDREW WOODS** 7777 NW 146TH ST ☐ Add √ Remove MIAMILLAKES FL 33016 KEITH U. PORTELA MGRM 7777 NW 146TH ST ✓ Add ☐ Remove MIAMILAKES, FL 33016 MGRM **BRIAN A. SANCHEZ** 7777 NW 146TH ST √ Add MIAMILLAKES, FL 33016 Remove Add Remove Remov □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 19TH** 2009 Dated\_ Signature of a member or authorized representative of a member MIRA ZAKI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00