LD9000046291

| * | | | | |
|---|-------------------|-------------|--|--|
| (Requestor's Name) | | | | |
| | | | | |
| (Add | ress) | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (City | //State/Zip/Phon | e #) | | |
| | | | | |
| PICK-UP | MAIT | MAIL | | |
| | | | | |
| (Bus | siness Entity Nar | me) | | |
| | | | | |
| (Doc | cument Number) |) | | |
| | | | | |
| Certified Copies | Certificate | s of Status | | |
| | | | | |
| Chariet Instructions to E | Filing Officer | | | |
| Special Instructions to Filing Officer: | | | | |
| i | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



400183342804

07/23/10--01010--009 **25.00

FILED

10 JUL 23 AM 10: 38
SECRETARY OF STATE
SECRETARY OF STATE
AND SSEE, FLORIDA

N. Onthinger JUL 2 6 2010

COVER LETTER

| Division of Co | rporations | | · | | |
|---|--|--|--|--|--|
| SUBJECT: | ALPER FIT | CH CAPITAL LLC. | | | |
| | | ted Liability Company | | | |
| | | | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | | | | | |
| | , | ALEJANDRO PEREZ | | | |
| | | Name of Person | | | |
| ALPER FITCH CAPITAL | | | | | |
| | Firm/Company | | | | |
| 3410 CORAL WAY SUITE 901 | | | | | |
| | Address | | | | |
| | COF | RAL GABLES, FL 3314 | 1 5 | | |
| | City/State and Zip Code | | | | |
| | alex556bos@hotmail.com | | | | |
| | E-mail address: (| to be used for future annual report | t notification) | | |
| For further information | concerning this matter, please c | all: | | | |
| AI F.I | ANDRO PEREZ | at (_786_) | 897-1193 | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | |
| | | | | | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

TO:

Registration Section .

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

FILED

10 JUL 23 AM IO: 20

| | | 10 70[23 | AM 10: 38 | |
|---|-----------------------------|-----------------------------|------------------------|--|
| ALPER FI | TCH CAPITAL LLC | SECRETAR | / OF S TATE | |
| ALPER FI (Name of the Limited Liability (A Florida L | imited Liability Company) | s on our records ASSI | EE, FLORIDA | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on | 05/12/2009 | and assigned | |
| Florida document numberL0900046291 | → · | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limit | | _ | | |
| The new name must be distinguishable and end with the word "L.L.C." | ds "Limited Liability Compa | ny," the designation "LL | C" or the abbreviation | |
| Enter new principal offices address, if applicable: | <u></u> | | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| | ···· | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addr | | ur records, <u>enter th</u> | e name of the new | |
| Name of New Registered Agent: | | | | |
| Name Desistant of Control of Control | | | | |
| New Registered Office Address: | Ent | er Florida street addre | ess | |
| | | | | |
| | City | , Florida | 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 <u>Title</u> <u>Name</u> Address **Type of Action MGRM** OTTMAN VAN CAMP LLC. 834 SW 12 CT 1ST FLOOR ☐ Add MIAMI, FL 33135 Remove ☐ Add Remove ☐ Add Remove ___Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 07/17 2010___ Dated Signature of a member or authorized representative of a member **ALEJANDRO PEREZ**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00