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Office Use Only



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COVER LETTER

Divi	ision of Corp	oorations		
SHR IFCT:	Electrum Ca	pital Group LLC		
SUBJECT.		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		Ray D, Kreger		
			Name of Person	
		Discovery Capital LLC		
		PO BOX 800402		
		 -	Address	
		Aventura, FL 33280		
		rkregermail@gmail.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report no	otification)
For further in	nformation co	ncerning this matter, please ca	11:	
Ray Kreger			323 932-5500 at (
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

DISCOVERY CAPITAL LLC

FILED

(Name of the Limited Liability Compa (A Florida Limited	Liability Company) 200 JUL 15 P E: 56			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L09000065099}}{\text{L09000065099}}$.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Electrum Capital Group LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	120 E. Oakland Park Blvd.			
(Principal office address MUST BE A STREET ADDRESS)	ESS) Suite 105			
	Fort Lauderdale, FL 33334			
Enter new mailing address, if applicable:	RayD Kreger			
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 800402			
	Aventura, FL 33280			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
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Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	nust be specific and ca block does not me	annot be prior to det the applicable	ate of filing or more t		
the record specifies a delay) The 90th day after the re		te, but not a	n effective time	, at 12:01 a.m. on th	e earlier of:
Dated July 10		2019			
Rank	1/200)		ed representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00