L09000075157

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SECRETARY OF STATE ALLAHASSEE, FLORINA

B. BOSTICK

DEC 7 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		• P	ā	, s.	₽ ∫	ų»		
SUBJE	ст: М	icro Capit	al Investmer	nts, LLC	· ·	•			
٠.			nited Liability Com						
The enc	closed Articles of Amendment a	nd fee(s) are su	abmitted for filing.						
Please r	eturn all correspondence concer	ning this matte	er to the following:						
			Richard D Name of Per				_		
			Firm/Compa	any			-		
			238 N E 1st A	<u>\venue</u>			-		
		D	elray Beach, F	-L 33444 ip Code	1		SECK TALLA	10 D	
	· · · · · · · · · · · · · · · · · · ·	E-mail address:	rdea@inzon (to be used for future	.com	rt notification)	E IARY HASSEE	EC -7	
For furt	her information concerning this	matter, please	call:	•		٠,	OF STA	P∰ 3:	O
	Richard Dea Name of Person		at (_ 561 A	rea Code & l	901- Daytime Telep	0640 ohone Numbe		5	
Enclose	d is a check for the following ar	nount:							
2 \$25.	00 Filing Fee \$30.00 Filing Certific	ling Fee & eate of Status	\$55.00 Filir Certified ((additiona		closed)	Certifie	ate of Stat		osed)
t. ·	MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 32314	ons .	F D C	Registration Division of C Clifton Build	Corporations ding				
	1 analiassee, FL 323 [4	•		Tallahassee,	ive Center'C FL 32301	neic			

ARTICLES OF AMENDMENT TO ARTICLES OF QRGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	DANY AS IT NOW APPEARS ON OUR I	records.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number <u>L0900075157</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Templar Allian		
The new name must be distinguishable and end with the words "Link.L.C."	mited Liability Company," the do	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	4.	Ās
		- C 0
		AS C
Enter new mailing address, if applicable:		SET
Mailing address MAY BE A POST OFFICE BOX)		F 22 111
		3: 1 OTAI OR
		IDA
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the ne
egistered agent and/or the new registered office address no	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a 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

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

MGR.= Ma MGRM = 1	anager Managing Member	F. A.	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Demosia
			Add Remove
			Add Remove
			□ Damaua
			AddRemove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if	10 D
			EC -7 PH 3:
 Dated	November 22,	2010 ·	1 3: 5 I
	Signature of	Richard Dea Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2010

RICHARD DEA 238 NE 1ST AVENUE DELRAY BEACH, FL 33444

SUBJECT: MICRO CAPITAL INVESTMENTS, LLC.

Ref. Number: L09000075157

We have received your document for MICRO CAPITAL INVESTMENTS, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 010A00027850

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