# L09000114131

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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2015 JUL 27 PH 12: 22

### **COVER LETTER**

|                 | gistration Set<br>vision of Corp |  |   |   |  |  |
|-----------------|----------------------------------|--|---|---|--|--|
| CUD IECT.       |                                  | oital Group, LLC                           |   |   |  |  |
| SUBJECT:        |                                  | Name of Limited Liability Company          |   |   |  |  |
| The enclose     | d Articles of A                  | Amendment and fee(s) are sub               | nitted for filing.  |   |  |  |
| Please return   | n all correspon                  | ndence concerning this matter              | to the following:   |   |  |  |
|                 |                                  | Jon S. Jenrette                            |   |   |  |  |
|                 |                                  |  | Name of Person  |   |  |  |
|                 |                                  | Jenrette Capital Group, LL                 | С   |   |  |  |
|                 | Firm/Company                     |  |   |   |  |  |
|                 |                                  | 205 Worth Avenue No. 20                    | 1   |   |  |  |
|                 |                                  | <u> </u>                                   | Address   | <del></del>   |  |  |
|                 |                                  | Palm Beach, FL 33480                       |   |   |  |  |
|                 |                                  |  |   |   |  |  |
|                 |                                  | jonjenrette@gmail.com                      | to be used for future annual report notifi                          | cation)   |  |  |
| For further     | information co                   | oncerning this matter, please ca           | ·   |   |  |  |
| Jon S. Jenrette |                                  | at ()                                      |   |   |  |  |
|                 | Name of                          | f Person                                   | Area Code Daytime   | Telephone Number  |  |  |
| Enclosed is     | a check for th                   | ne following amount:                       |   |   |  |  |
| \$25.00         | Filing 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:

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

FI ED PH 12: 22

| Jenrette Capital Group, LLC  | The first to the telephone                        |
|--|---|
| (Name of the Limited Liability Company as it now app<br>(A Florida Limited Liability Company   | ears on our records.)                             |
| The Articles of Organization for this Limited Liability Company were filed on  | 12/01/2009 and assigned                           |
| Florida document number L09000114131   |   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability company   | here:   |
| Jenrette Capital, LLC  |   |
| The new name must be distinguishable and contain the words "Limited Liability Company," th   | e designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |   |
| (Principal office address MUST BE A STREET ADDRESS)  |   |
|  |   |
| Enter new mailing address, if applicable:  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
| <del></del>  |   |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: | on our records, <u>enter the name of the ne</u> v |
| Name of New Registered Agent:  |   |

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

# If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each or removed from our records:

| $\mathbf{MGR} = \mathbf{N}$ $\mathbf{AMBR} = \mathbf{A}$ | nanager<br>Authorized Member |                | 1        |
|--|------------------------------|----------------|----------|
| <u>Title</u>   | <u>Name</u>                  | <u>Address</u> | 1        |
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| ffective d          | ate, if other than date is listed, the date                                 | the date of filin                   | g:                                    |                   |  | (optional)                                    |  |                            |
| ote: If the         | date is listed, the date<br>e date inserted in thi<br>effective date on the | s block does not n                  | neet the applic                       | able statutory fi | r more than 90 day<br>ling requirement | s after filing.) Purs<br>ts, this date will t | uant to 605.020<br>not be listed a   | 7 (3)(1<br>s the           |
| e record<br>The 90t | specifies a dela<br>h day after the i                                       | yed effective c<br>record is filed. | date, but no                          | ot an effective   | e time, at 12                          | :01 a.m. on t                                 | he earlier o   | of:                        |
| ated                | Xuly  | 09                                  | 20                                    | 015/              |  | r (   |  |                            |
| <del>/</del>        |   |                                     | ,                                     | —·— /             |  |   |  |                            |

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Typed or printed name of signee

Filing Fee: \$25.00