

L10000020777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

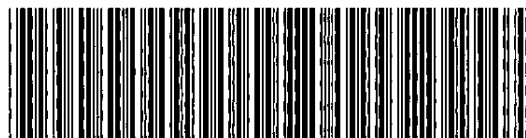
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800298247398

04/24/17--01001--002 **55.00

FILED

2017 APR 21 P 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2017 APR 21 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
APR 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FX CAPITAL MANAGEMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RJ REED
Name of Person

Firm/Company

259 JOHN KNOX RD.
Address

TLH, FL 32309
City/State and Zip Code

RJ REED
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RJ REED at (250) 545-5200
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 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 21 PM 1:47

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ex CAPITAL MANAGEMENT LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2.24.2010 and assigned Florida document number L10000020777.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CAPITAL RISK MANAGEMENT
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

259 JOHN KNOX RD.
TALLAHASSEE, FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

FILED
2010 APR 21 P 1 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the document's effective date on the Department of State's records.

FILED
2017 APR 21 PM 1:47
CLERK OF DISTRICT COURT
JANUARY 05 STATE
TALLAHASSEE, FLORIDA

4.21. 2017

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

ROBERT REED

Typed or printed name of signee