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Division of Corporations

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JUN 11 2010

EXAMINER

From:

Account Name

: HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number: 076326003550

Phone

: (561)627-8100

Fax Number : (561)622-7603

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MMAD CAPITAL, LLC

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Page Count	02
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	AD CAPITAL, LLC Ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number L10000057418		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," the designation "L	LC" or the abbreviation		
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)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ne name of the new		
Name of New Registered Agent:		SE SE		
New Registered Office Address:		AA S T		
	Enter Florida street addi	ess Solo O		
	, Florida	Mo P		
V D	City	ZID Code CO		
New Registered Agent's Signature, if changing Register	ed Agent:	3 3 3		
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	and complete performance of my duties, and I a agent as provided for in Chapter 608, F.S. Or, i red office address, I hereby confirm that the lim	m familiar with and if this document is ited liability		

No. 0633 P. 3/3

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

Title	Name	Address	Type of Action	
MGRM	Alphonse Bruno	102 Via Escobar Place Palm Beach Gardens, FL 33418	Add Romove	
MGRM	Alphonse Bruno Revocable Trust Dated February 5, 1998	102 Via Escobar Place Palm Beach Gardens, EL 33418	Add Remove	
NACIDNA	Maria Bruno Revocable Trust Dated February 5, 1998			
MGRM		102 Via Escobar Place Palm Beach Gardens, Fl. 33418	[7] Add Remove 	
			Add Remove	
			Add Remove 	
		•	Add Remove	
D. If ame	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	-	
_			<u>-</u>	
_			_	
_			- -	
Dated	ated June /O , 2010 .			
	Signature of member of	or authorized representative of a member .		
		L. Whitmire, Jr., Esq. r pribted name of signed	• •	
		Page 2 of 2		

Filing Fee: \$25.00