

L11000049115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

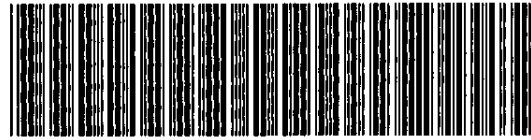
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
11 AUG 31 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP -1 2011

EXAMINER

LAW OFFICES
Michael Lapat

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York
mlapat@nysbar.com

Please Reply to Florida Office

221 North La Salle Street
Suite 1137
Chicago, Illinois 60601
(312) 425-2900
(312) 425-2901(Fax)

August 29, 2011

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

FILED
11 AUG 31 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: ARTICLES OF AMENDMENTS & AMENDMENT TO CERTIFICATE OF AUTHORITY

MS CAPITAL MANAGEMENT, LLC	
Filing Fee and Certified Copy LLC Amendment (Address Change)	\$ 55.00
MS CAPITAL ADVISORS, LLC	
Filing Fee and Certified Copy LLC Amendment (Address Change)	\$ 55.00
TENDENZA CAPITAL FUND, L.P.	
Filing Fee and Certified Copy LP Amendment (Address Change)	<u>\$105.00</u>
TOTAL	\$215.00

Dear Sir or Madam,

Please find enclosed herewith amendment documents for the above-referenced entities. Accompanying these submissions is a **check in the sum of \$215.00** representing the filing fees for these amendments.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards,


Julie Hancock

jh
enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MS CAPITAL MANAGEMENT, LLC
Name of Limited Liability Company

FILED
11 AUG 31 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

MICHAEL LAPAT

Name of Person

LAW OFFICES OF MICHAEL LAPAT

Firm/Company

3300 UNIVERSITY DRIVE, SUITE 311

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

julieh@turnkeyhedgefunds.com

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

For further information concerning this matter, please call:

JULIE HANCOCK

Name of Person

at (**954**)

345-6442

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

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

MS CAPITAL MANAGEMENT, LLC

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

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11 AUG 31 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04-26-2011 and assigned Florida document number L11000049115.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1250 EAST HALLANDALE BEACH BLVD.

SUITE 609

HALLANDALE BEACH FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1250 EAST HALLANDALE BEACH BLVD.

SUITE 609

HALLANDALE BEACH FL 33009

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:

1250 EAST HALLANDALE BEACH BLVD., SUITE 609

Enter Florida street address

HALLANDALE BEACH

, Florida

33009

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

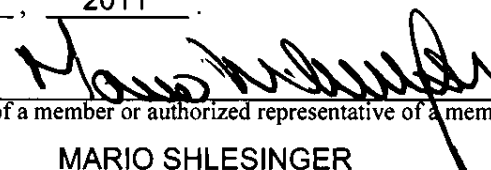
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIO SHLESINGER	1250 EAST HALLANDALE BEACH SUITE 609 HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
HALLANDALE BEACH, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated AUGUST 29, 2011



Signature of a member or authorized representative of a member
MARIO SHLESINGER

Typed or printed name of signee