Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001199073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Account Name : PAUL SALVER, P.A. Account Number: 120020000087

Phone : (954)389-1333 Fax Number : (954)389-1397

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

Email Address:

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

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

Help

#AY 1 9 2015

T. HAMPTON

9543891397

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	- • ·		mo ==	1
(Name of the Limiter	Liability Company as it new appears on A Florida Limited Liability Company)	our records.)	7 s	1
The Articles of Organization for this Limited Lia	bility Company were filed on $\frac{7/20/1}{}$	1	and assigned	
Florida document number L11000083548	 •			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liability company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the desig	nation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applica	ble:			
<u> Principal office address MUST BE A STREET</u>	ADDRESS)			
	·			
Enter new mailing address, if applicable:	ganization for this Limited Liability Company were filed on 7/20/11 and assigned number L11000083548 s submitted to amend the following: name, enter the new name of the limited liability company here: e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." pal offices address, if applicable: address MUST BE A STREET ADDRESS) g address, if applicable: MAY RE A POST OFFICE ROX) the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here:			
Malling address MAY BE A POST OFFICE B	<u> </u>			
				
B. If amending the registered agent and/o registered agent and/or the new registered off		ar records, <u>enter th</u>	e name of the n	<u>ew</u>
Name of New Registered Agent:	·	_		
New Registered Office Address:	Enter Florida	street address		
	me of the Limited Liability Company as it new appears on our records.) (A Florida Limited Liability Company) his Limited Liability Company were filed on 7/20/11 and 38 Signed 2083548 mend the following: new name of the limited Liability company, "the designation "LLC" or the abbreviation "LLC." ress, if applicable: BE A STREET ADDRESS) pplicable: ST OFFICE BOX) d agent and/or registered office address on our records, enter the name of the registered office address here: d Agent: 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAMIREZ, IVAN	2875 NE 191 ST - STE 801	□ Add
			Remove
		AVENTURA, FL 33180	□ Change
AP	VANESSA PIEDRAHITA	2721 EXECUTIVE PARK DRIVE	= Add
		SUITE 4	☐ Remove
		WESTON, FL 33331	☐ Change
MGR	DIAZ-SARMIENTO, GABRIEL	5600 SW 135 AVE.	□ ∧dd
		202A	■ Remove
		MIAMI, FL 33183	🖂 Change
MGR	PROCEL, DIEGO	2875 NE 191 ST., SUITE 801	
		AVENTURA, FL 33180	■ Remove
			□ Change
			
			Remove
			SECUETAD Add AN SECUETAD Add AN SECUETAD Add AN SECUETAD Add AN SECUETAD ADDRESS OF TORITOCHARGE

	per information, enter change(s) here: (Attach additional sa	neers, ij necessary.)	
	, , , , , , , , , , , , , , , , , , ,		
	,		
			
_			
~ ~~~			
Note: If the date inse document's effective the record specifie	ner than the date of filing: Indicate the date must be specific and cannot be prior to date of filing or more than the date must be specific and cannot be prior to date of filing or more than the block does not meet the applicable statutory filing requidate on the Department of State's records. In a delayed effective date, but not an effective time, there the record is filed.	irements, this date will not be listed a	as the
Dated 1104	14 1 2014		
`	1111	ZS B	
	Signature of a member or authorized representative of a n	nember =	en
	VANESA PIEDRAHITA	8	ها ا ا
	Typed or printed name of signee		910-2 6
	Page 3 of 3	T. STA	i,

Filing Fee: \$25.00