

#L11000091401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

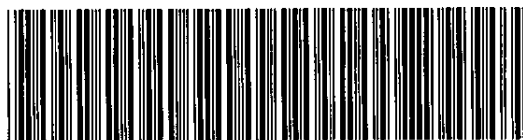
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200267694202

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 JAN 13 AM 11:22

NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

2015 JAN 13 PM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JAN 14 2015

ACCOUNT NO. : I20000000195

REFERENCE : 458078 10463A

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : January 13, 2015

ORDER TIME : 10:05 AM

ORDER NO. : 458078-010

CUSTOMER NO: 10463A

DOMESTIC AMENDMENT FILING

NAME: AMVESTAR CAPITAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amvestar Capital, 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:

Jeff Klotz
Name of Person
Amvestar Capital, LLC
Firm/Company
645 Mayport Road, Suite 5
Address
Atlantic Beach, FL 32233
City/State and Zip Code
JKlotz@amvestar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Beard at (904) 334-3620
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 JAN 13 PM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amvestar Capital, 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 8/9/2011 and assigned
Florida document number L11000091401.

This amendment is submitted to amend the following:

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

n/a

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

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:

n/a

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.

n/a

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Amvestar Capital, LLC</u>	<u>645 Mayport Road, Suite 5</u>	<input type="checkbox"/> Add
		<u>Atlantic Beach, FL 32233</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Jeff Klotz</u>	<u>645 Mayport Road, Suite 5</u>	<input checked="" type="checkbox"/> Add
		<u>Atlantic Beach, FL 32233</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2015 JAN 13 PM 9:58
 CLERK OF SUPERIOR COURT
 ALACHUA COUNTY, FLORIDA


FILED

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

n/A

E. Effective date, if other than the date of filing: Date of Filing (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 12, 2015


Signature of a member or authorized representative of a member

Jeff Klotz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 JAN 13 PM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA