L11000094910

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECHETARY OF STATE

JUL 2 4 2012

T. HAMPTON

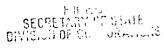
COVER LETTER

To:

TO:	Registration Sec Division of Corp			
SURI	ECT:	E&Y(CAPITAL LLC	
50.00		Name of Limi	ted Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			ONNA SCARLATELLI	
Name of Person				
5			SCARLATELLI P.A.	
Firm/Company				
777 SOUTH PALM AVE. SUITE 5			TE 5	
Address				
		S	ARASOTA, FL 34236	
City/State and Zip Code				
		Y.HOEP	ELMAN@EYCAPITAL to be used for future annual repor	.COM
For fu	rther information co	oncerning this matter, please of	·	(in the latest of the latest
		SCARLATELLI	at (941)	917-0066 Daytime Telephone Number
-	Name of	Person	Area Code & I	Daytime Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations of 6327 ssee, FL 32314	Registration Division of C Clifton Build	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 JUL 23 PM 2: 39

	E & Y CAPITAL LLC		
(<u>Name of the Limite</u>	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited		08/18/2011	and assigned
Florida document number L1100009	94910		
This amendment is submitted to amend the fo	flowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
	N/A		
The new name must be distinguishable and end with.L.C."	rith the words "Limited Liability Com	pany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if appl	icable: N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			<u></u>
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)		
	rake <u>a landari kan kan kan kan kan kan kan kan kan kan</u>		
B. If amending the registered agent and registered agent and/or the new registered		our records, enter t	he name of the new
Name of New Registered Agent:	N/A		<u> </u>
New Registered Office Address:			<u></u>
		inter Florida street add	russ
		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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	Address	Type of Action
MGR	ELIAS PEREZ ABREU	525 TUSCANNY STREET BRANDON, EL 33511 US	Add Remove
MGR	YVAN PEREZ CAMILO	525 TUSCANNY STREET BRANDON, FL 33511 US	Add Remove
MGRM	CONSTRUCTORA PEREZ	C/PRINCIPAL #12, RES. CERROS CHALJUB, SANCHEZ, SAMANA REP. DOM.	Add Remove
***************************************			Add Remove
			□Add □Remove
			Add Remove
The	ing any other information, enter chang e complete name of the newly app INSTRUCTORA PEREZ ABREU,		SECONTO DEVICIONO 12 JUL 2
Dated	•		TAIL CE STATE LIS OF CLORED RESEARCH
	ENRIA	or authorized representative of a member NGEL HOEPELMAN or printed name of signee	
		T1 4 4 4 4	

Page 2 of 2

Filing Fee: \$25.00