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SECHETARY OF STATE
DIVISION OF CORPORATION

FILED

SEP 2 5 2012 T. HAMPTON

COVER LETTER

10:	Division of Corporations OCTOGON CAPITAL	
SUBJ	Name of Limited Liability Company	
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Roman Fisher	
	Name of Person	
	Octogon Capital LLC	
	Firm/Company	
	100 S.E. 3rd. Avenue, Suite 2010	
	Address	
	Fort Lauderdale, Florida 33394	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
	Roman Fisher at (954) 414-1534 Name of Person Area Code & Daytime Telephone Number	
		•
Enclo	sed is a check for the following amount:	
□ \$2	(additional copy is enclosed) Certified	e of Status &

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



September 20, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF OCTOGON CAPITAL LLC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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(Name of the Limited Li	iability Company as it now appear lorida Limited Liability Company)	rs on our records.)	
(Ar	iorida Effifica Efaority Company)	May 18, 2012	
The Articles of Organization for this bindio hip	jijty Company were filed on	<u> </u>	_ and assigned
Florida document number			
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of th</u>	he limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or	8	our records, enter th	name of the ne
registered agent and/or the new registered offic	ce address here:		
Name of New Projectand Accept			
Name of New Registered Agent:			
New Registered Office Address:	Fu	ter Florida street addre	ee
	En		
	City	, Florida	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>	Type of Action
Membe	Thomas B. Fisher	1267 Chestnut #3	☑
		San Francisco	
		California 94109	Remove
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D. If ame	ending any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)	
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Dated	September 20	-, 2012	ir.
	September 20	2012	
	Signatura	of a member of authorized representative of a member	
	Signature	X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		Typed or printed name of signee	
		Page 2 of 2	100
		Page 7 of 7	سامترر

Filing Fee: \$25.00