112000149573

(Re	questor's Name)		
. (Ad	dress)		
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(Cit	ry/State/Zip/Phone	÷#)	
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CANUTS FOR

COVER LETTER

TO: Registration Section of Control of Contr					
Cap Fund I	MMXIII, LLC				
30bjec1:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are subondence concerning this matter	-			
	Casey Wilson				
	_				
	_				
	-				
	Tampa, FL 33607				
	- ====================================				
	cw@ascentiafe.com	4		VLL/ SEC	M
For further information of	concerning this matter, please c	(to be used for future annual report notifiall:	cation)	2015 JUN 17 SECRETARY ALLAHASSE	
Casey Wilson		813 448-6558		T A	IT
Name o	of Person	at () Area Code Daytime	Telephone Numbe		
Enclosed is a check for the	he following amount:			ولد حر	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cap Fund MMXIII, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our relited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Comp. Florida document number L12000149573	pany were filed on 11/28/2012	and assigned		
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 contain the words "Limited I	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	<u> </u>			
		2015 SEC ALL		
		JUN 5 JUN CRETA		
Enter new mailing address, if applicable:		ASS A		
Mailing address MAY BE A POST OFFICE BOX)		.33 L		
		F.S.		
		22.5 CP		
B. If amending the registered agent and/or registered		ords, enter the name of the		
registered agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
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.

If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kingsley Charles	301 W Platt St., #346	
		Tampa, FL 33606	■ Remove
			□ Change
MRGM	Brain A. Seifert	5966 Heisley Rd., Ste 201	Add
		Mentor, OH 44060	☐ Remove
			☐ Change
			Add
			☐ Remove
			TALLEGR Change
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Tective date	e, if other than th	e date of fili	ing:			(opti	onal))	
ote: If the d	te is listed, the date mate inserted in this lefective date on the	olock does no	t meet the app	olicable statut	iling or more than ory filing requi	90 days afte rements, thi	r tiling.) s date v	Pursuant will not b	to 605.0207 e listed as
e record sp The 90th (pecifies a delayed day after the re	ed effective cord is filed	date, but	not an effe	ective time, a	at 12:01	a.m. c	on the e	earlier of
June 15	th		A 2015	· ·					
			//						_
		Signature of	a member or a	uthorized repre	esentative of a me	mber			-
D 1	an A. Seifert								

Page 3 of 3

Filing Fee: \$25.00