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(Ře	equestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2015

MICHAEL MANIS 9858 CLINT MOORE ROAD, C-111 BOCA RATON, FL 33496

SUBJECT: PYTHONIC CAPITAL LLC

Ref. Number: L13000066782

We have received your document for PYTHONIC CAPITAL LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II Letter Number: 015A0000783CKETARY OF STANASSEE, FLOR

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Py	thunic capital circ	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Manis		The control of the co		
		Name of Person			
	1858 Ch. 1	Firm/Company			
	9000 0 111171	Address		. •	
	Boca Not on	City/State and Zip Code		2015 J SECRE	" - 7
	M/h41: 7 OA E-mail address: (obe used for future annual report notif	ication)	JUN II P 3. RETARY OF STANAHASSEE, FLOR	
For further information c	concerning this matter, please c	all:		OF ST	
Richart R Name o	of Person	at (<u>443</u>) <u>865 –)</u> Area Code Daytime	89 1 e Telephone Number	F 23	
Enclosed is a check for the	he 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 Certificate of Certified Co (additional co)	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

Pyth	onic capito	1 LLC	num nacowda \	<u>_</u>
(Name of the Limited	Florida Limited L	y as it now appears on clability Company)	our records.)	
The Articles of Organization for this Limited Liab		were filed on		and assigned
Florida document number <u>L13000667</u>	<u>82 </u>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and end with the we	ords "Limited Liabi	lity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	12 SE 10	it he	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	FOA Lauce	NOIR FLS	7701
				•
Enter new mailing address, if applicable:		12 SE/c	M ALES	25
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Fortlade	dole Ross	<u>'?= </u>
			E OF	T m
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered of ce address here	fice address on our	records, <u>enter</u> 윤호	the name of the new
			>	ιũ
Name of New Registered Agent:	Kithart	- Rudeke		<u> </u>
New Registered Office Address:	12 SE	10th Ave Enter Florida st	reet address	
	FOR Lac	- Ruddie 10th Ave Enter Florida si devoafe City	, Florida	3330)
		c_{ny}		Lip Com

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 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 = A	Authorized Wiember		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGK	Lon Silberzweig	488 Glint Moore Road	<u>C√U</u> □ Add
		Boca Raton, FG 33486	X Remove
MGR	Michael Munis	9858 Clin Moore Robe	<u>C~ </u> □ Add
•		Boca Raton, FL 39416	X Remove
MGR	Richart Ruddre	12 SE 1sth Ave.	S o^dd
		Fort-Lawordone, FL 3730i	□ Remove
			□ Add
		TA _S	□ Remove
		L'AHASS	200 T A d d
		EF, FLOR	U Rimo e
		Dr.	23
			□ Add
			□ Remove

lf	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ffective date, if other than the date of filing: — (optional) ne 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)
D	ated 6-5-15
	Signature of a member or authorized representative of a member Richart Ruide. Typed or printed name of signee
	Richard Diffe
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

PILLU 2015 JUN II P 3: SECRETARY OF STA