

L130000071044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 AUG 18 14:30
SECRETARY
TALLAHASSEE, FL 32302

S. YOUNG
AUG 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FUERTES-ALFONSO 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:

Name of Person
LAW OFFICES OF OSCAR I. ALFONSO, ESQ.
Firm/Company
1000 BRICKELL AVE., SUITE 450
Address
MIAMI, FL 33131
City/State and Zip Code
FFUERTES@FUERTESALFONSO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIX R. FUERTES at **786 693-7823**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
14 AUG 18 AM 4:30
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FUERTES-ALFONSO 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 05/15/2013 and assigned
Florida document number L13000071044.

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 end with the words "Limited 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)

121 ALHAMBRA PLAZA

SUITE 1120

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

121 ALHAMBRA PLAZA

SUITE 1120

CORAL GABLES, FL 33134

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:

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

MGR = Manager
AMBR = Authorized Member

FILED
14 AUG 11 AM 4:39
ADD
REMOVE
SECRETARY OF THE
TALLAHASSEE COUNTY

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

CHANGE OF ADDRESS FOR MANAGERS (GUSTAVO E. ALFONSO & FELIX R. FUERTES) TO:

121 ALHAMBRA PLAZA

SUITE 1120

CORAL GABLES, FL 33134

E. Effective date, if other than the 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 AUGUST 13, 2014

Signature of a member or authorized representative of a member

GUSTAVO E. ALFONSO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 AUG 13 AM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA