

L13000089805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

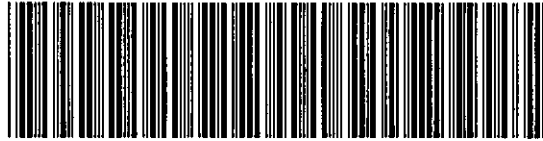
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 02 2015  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alegria Capital Advisors, 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:

Mukesh Assomull

Name of Person

c/o Taubco

Firm/Company

9551 East Bay Harbor Drive

Address

Bay Harbor, Florida 33154

City/State and Zip Code

mukesh@talaster.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanna Alonso

Name of Person

at ( 305 ) 861-8181

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Templeton Atlantic Partners, 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 06/21/2013 and assigned  
Florida document number L12000089808.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Alegria Capital Advisors, LLC

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)

C/O Taubco

9551 East Bay Harbor Drive

Bay Harbor, FL 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

**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:

same

New Registered Office Address:

9551 East Bay Harbor Drive

Enter Florida street address

Bay Harbor

City

Florida

33154

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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Mukesh Assomull</u>	<u>9551 East Bay Harbor Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Bay Harbor Florida 33154</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Sanjiv Matla</u>	<u>9551 East Bay Harbor Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Bay Harbor, Florida 33154</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Mukesh Assomull</u>	<u>1177 Kane Concourse</u>	<input type="checkbox"/> Add
		<u>miami, Florida 33154</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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MILWAUKEE, WISCONSIN  
STATE OF FLORIDA

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

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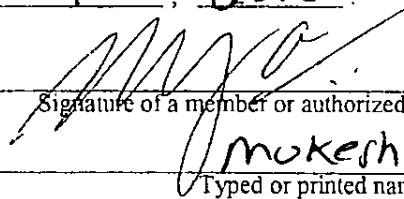
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Dated January 19, 2015

  
Signature of a member or authorized representative of a member  
Mukesh Asodmull  
Typed or printed name of signee

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Filing Fee: \$25.00

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