L13000099417

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500249989865

07/25/13--01012 -011 **30.00

FILED
2013 JUL 25 PH 2: 35
SECRETARY OF STATE
SECRETARY OF STATE

JUL 26 2013 J. BRYAN

COVER LETTER

TO:

Registration Section **Division of Corporations**

Finkapital 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:

Guillermo Galvan

Name of Person

ACCTAX-Accounting & Tax Services

Firm/Company

7827 NW 44th St

Address

Lauderhill, FI 33351

City/State and Zip Code

ataxser@yahoo.com

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

For further information concerning this matter, please call:

Guillermo Galvan

at (954)839-7013
Area Code & Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	kapitał, LL		
(Name of the Limited Li (A F	iability Compa	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liab	oility Company	were filed on 07-15-20)13 and assigned
Florida document number L13000099417			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited lial	oility company here:	_
, , , , , , , , , , , , , , , , , , , 			
The new name must be distinguishable and end with t	the words "Lim	ited Liability Company," the	designation "LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicab	le:	N/A	SSA OF T
(Principal office address MUST BE A STREET.	ADDRESS)		MA A
			2, 2
			Sim or
Enter new mailing address, if applicable:			,
(Mailing address MAY BE A POST OFFICE BO	9X)		
musing dualess MIII BE III OSI OI II CE BU	274		
B. If amending the registered agent and/or	registered of	ffice address on our reco	ords, enter the name of the nev
registered agent and/or the new registered offic	e address her	<u>-e</u> :	
Name of New Registered Agent:	N/A		
New Registered Office Address:			
Tow registered Office Hadress.		Enter Flori	da 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Walter Moreno Montoya	1530 SW 147th Terrace	Add
		Pembroke Pines FI 33027	Remove
MGR	Martha C Espaâţa Gomez	1530 SW 147th Terrace	Add
		Pembroke Pines FI 33027	Remove
MGRM	Walter Moreno Montoya	1530 SW 147th Terrace	Add
		Pembroke Pines FI 33027	Remove
MGRM	Martha C Espana Gomez	1530 SW 147th Terrace	Add
		Pembroke Pines FI 33027	Remove
		TÄLLAHAS	Add Add
		SEE. FLORIDA	, -1 , -1
			Remove

O. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated July 22	2013
Janea	Watlef XIII
	Signature of a member or authorized representative of a member
	Walter de Jesus Moreno Montoya
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

7419 JUL 25 PM 2: 31