400033482

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(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 1 4 2016 S. YOUNG

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Corp	porations			
OUDING	Wekiva Cap	oital Partners LLC			
SUBJECT:		Name of Limi	ited Liability Company	-	
The enclosed	l Articles of a	Amendment and fee(s) are subt	nitted for filing.		
Please return	all correspon	ndence concerning this matter t	to the following:		
		Christopher Hughes			
			Name of Person		
		Wekiva Capital Partners Ll	LC		
			Firm/Company		
		225 W. Canton Ave. Suite	200		TAL TAL
			Address	 	HA
		Winter Park, FL 32789			16 HAR II
		chrish@wekivacapital.com	City/State and Zip Code		PH
		_	o be used for future annual report notific	cation)	<u> </u>
For further in	nformation co	oncerning this matter, please ca	11:		ζ)
Christopher	Hughes		407 622-2669 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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	
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wekiva Capital Partners LLC		
(Name of the Limited	I Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L14000033482	bility Company were filed on February 27, 2014	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Wekiva Capital Partners, LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company." the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	TE ALLES
		三
		2 22
Enter new mailing address, if applicable:		- EDO
(Mailing address MAY BE A POST OFFICE B		T FS
manning manness Maria BB113 CB1 C111C2		9 5
		73 5 m
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on our records, gice address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florie	da
	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

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

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(b ements, this date will not be listed as the
f the record specifies a delay b) The 90th day after the re	ed effective date, but not an effective time, a ecord is filed.	it 12:01 a.m. on the earlier of:
Dated March 8	. 2016	
	Signature of a member or authorized representative of a men	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00