Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150002612613)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.

Account Number : I2010000080

: (954)366-3850

Phone Fax Number

: (954)633-7850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Taxright 7@ yahoo. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPITAL PLUS LLC

Certificate of Status	1 -	5
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Electronic Filing Menu Corporate Filing Menu

Help

From: Amelia Basso

Fax: (954) 633-7850

To:

Fax: +1 (850) 617-6383

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COVER LETTER

то:	Registration Se Division of Cor	ction porations		
	a.cm	CAPITA	L PLUS LLC	
SUBJI	scr:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
			JUAN PABLO REY	
			Name of Person	
			CAPITAL PLUS LLC	
			Firm/Company	······
			1253 SW 46TH AVE	
			Address	· · · · · · · · · · · · · · · · · · ·
		PC	OMPANO BEACH, FL 33069	
		V	City/State and Zip Code	
	,		XRIGHT7@YAHOO.COM	
		E-mail address: (t	o be used for future annual report notific	ation)
For fu	ther information c	oncerning this matter, please ca	ill:	
	JUAN PA	BLO REY	954 505-0030 at (
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
□ \$2	5.00 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

From: Amelia Basso

Fax: (954) 633-7850

Fav: +1 (850) 617-6

Fax: +1 (850) 617-6383 Page 3 of 5 11/02/2015 10:32 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PHAL PLUS LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ry Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	03/17/2014	and assigned
Florida document numberL14000044090	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	2:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
	<u></u>		
The constitute of the section block in			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on dress here:		
New Registered Office Address:			
		la street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of n agent as provided for in Cl red office address, I hereby	ny duties, and I am fraguer 605, F.S. Or confirm that the little	Camiliar with and gif this document is writed liability
	If Changing Registered Age	- c	
	Page 1 of 3	ORIII	ශ ~

From: Amelia Basso Fax: (954) 633-7850 To: Fax: +1 (850) 617-6383 Page 4 of 5 11/02/2015 10:32 AM
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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CAPITAL PLUS S.A.S.	CALLE 32 # 22-140	□ Add
		FLORIDABLANCA SANTANDE	■ Remove
		99999 CO	Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
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		10/30	0/2015		
f an effectiv	date, if other than the date of f	iling: c and cannot be prior to date	of filing or more than 9	(optional) 0 days after filing.) Pu	rsuant to 605.0
Note: If the	he date inserted in this block does reserved to the description of the Department	not meet the applicable st	atutory filing requires	ments, this date will	not be listed
.ooumom	o oncoure date on the Department	0.0.00			
	d specifies a delayed effective		effective time, at	12:01 a.m. on	the earlier
The 90	th day after the record is fil	ed.			
Dated	OCTOBER 30	2015			
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	/ /	12171 171848	to!	har Sign	- 'af ,ı
	Signature	of a member or authorized i	eppesentative of a mem	OCI 378 TO 125	₩ 3
	Signature		\bigcirc	## 0	_ \(\text{\text{Congress}} \) \(\text{congress} \) \(\text{congress} \) \(\text{congress} \)
	Signature	JUAN PABLO F	REY	OV -2	<u>t</u>
	Signature		REY	OV -2 A ETARY OF HASSIE, F	
	Signature	JUAN PABLO F	REY e of signee	ETARY C	<u>t</u>

Filing Fee: \$25.00