

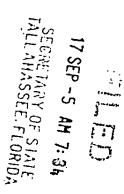
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## **COVER LETTER**

TO: Registration S Division of Co			
Ignition C	apital, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brett Verona		
	·	Name of Person	
	Ignition Capital, LLC		
		Firm/Company	
	4830 W. Kennedy Blvd., S	Suite 600	
		Address	
	Tampa. Fl. 33609		
		City/State and Zip Code	
	brett@ignitioncap.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please concerning	all:	
Brett Verona		813 258-0852 at ()	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

Ignition Capital, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Com	pany were filed on 5/2/2014	and assigned
Florida document number L14000071947		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	17 S
		\$ TO 19
		SSE -5
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<b>₽</b>
B. If amending the registered agent and/or registered		ds, enter the name of the nev
registered agent and/or the new registered office address	s here:	
N. C. C. L. C. L. C.		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street addre	?ss
	<del></del>	lorida
	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Collision Capital, LLC	4830 W. Kennedy Blvd., Suite 600	
		Tampa, FL 33609	Remove
			Change
AMBR	William Gerhauser	4830 W. Kennedy Blvd., Suite 600	
		Tampa, FL 33609	■ Remove
		_ · · · · · · · · · · · · · · · · · · ·	Change
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				RETARY AHA5SE	<u> </u>
				EE, FL	
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Note: If the date	other than the date of filing listed, the date must be specific and inserted in this block does not no we date on the Department of S	neet the applicable statu	(op filing or more than 90 days aft tory filing requirements, th	tional) er filing.) Pursuant nis date will not l	i 10 605.0207 ( be listed as tl
the record spec b) The 90th day	fies a delayed effective o after the record is filed.	date, but not an effo	ective time, at 12:01	a.m. on the	earlier of:
Dated	9 /1	. 1017			

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Typed or printed name of signee

Filing Fee: \$25.00