# 114000111590

(Re	questor's Name)	
(Ac	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration So Division of Co			
ALTERN	IATIVE INVESTMENTS	CAPITAL ASSET MANAG	EMENT LLC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Basit Hussa	in	
	<del></del>	Name of Person	
	ALTERNATIVE INVEST	MENTS CAPITAL ASSET MAN	AGEMENT LLC
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	16467 Turnl	oury Oak Dr	
		Address	
	Odessa, FL	33556	
	<del></del>	City/State and Zip Code	
	hb@basit.org		
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Basit Huss	ain	<sub>at</sub> 727, 560 8	
Name o	of Person	Area Code Daytime	e Telephone Number
			PH 7:
Enclosed is a check for t	he following amount:		Wis Single
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
_ +=0.001111115100	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	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

### ALTERNATIVE INVESTMENTS CAPITAL ASSET MANAGEMENT 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 Florida document number <u>L14000111590</u>	were filed on 7/15/2014	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		······································
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Section Floridates 4 1	≈ <b>∞</b>
	Enter Florida street address , Florida	PR 75:
	City	ZIF-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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** 114-30 Sanford Avenue C Add WON, HWANG MGR Suite 6G ■ Remove FLUSHING, NY, US, 11355 HWANG, WON 114-30 Sanford Avenue MGR Suite 6G ☐ Remove FLUSHING, NY, US, 11355 □ Add ☐ Remove □ Add ☐ Remove ☐ Add

amending any other	$\textbf{information, enter change(s) here:} \ \textit{(Attach additional sheets, if necessary.)}$
	•
effective date must be spe	than the date of filing: (optional) ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after and by the Florida Department of State)
July 16	2014
ted Odly 10	Bant Human
	Signature of a member or authorized representative of a member
Basit Hu	ussain
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

