

L14000111590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

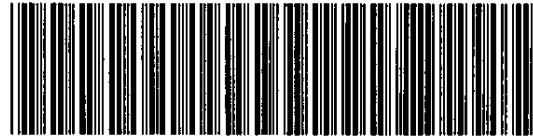
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUL 18 PM 12:08
CLERK OF COURT
HALL COUNTY, FLORIDA

JUL 21 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALTERNATIVE INVESTMENTS CAPITAL ASSET MANAGEMENT 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:

Basit Hussain

Name of Person

ALTERNATIVE INVESTMENTS CAPITAL ASSET MANAGEMENT LLC

Firm/Company

16467 Turnbury Oak Dr

Address

Odessa, FL 33556

City/State and Zip Code

hb@basit.org

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

For further information concerning this matter, please call:

Basit Hussain

Name of Person

at **727 560 8495**

Area Code

Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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ALTERNATIVE INVESTMENTS CAPITAL ASSET MANAGEMENT LLC

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U.S. MAIL
U.S. POST OFFICE
STATION
CITY OF JACKSONVILLE
FLORIDA 32209
Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WON, HWANG	114-30 Sanford Avenue	<input type="checkbox"/> Add
		Suite 6G	<input checked="" type="checkbox"/> Remove
		FLUSHING, NY, US, 11355	
MGR	HWANG, WON	114-30 Sanford Avenue	<input checked="" type="checkbox"/> Add
		Suite 6G	<input type="checkbox"/> Remove
		FLUSHING, NY, US, 11355	
			<input type="checkbox"/> Add
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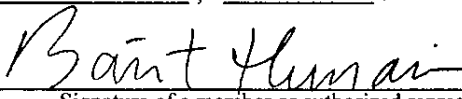
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EMBASSY OF THE UNITED STATES
FLUSHING, NY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 16, 2014



Signature of a member or authorized representative of a member

Basit Hussain

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA