

14000157294

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EQUITI US LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EQUITI US LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlene Marsh, Paralegal

Name of Person

Dentons Cohen & Grigsby P.C.

Firm/Company

625 Liberty Avenue, 5th Floor

Address

Pittsburgh, PA 15222-3152

City/State and Zip Code

felix.mehler@dentons.com

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

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SECRETARY OF STATE

For further information concerning this matter, please call:

Marlene Marsh

412 297-4993

at ()

Name of Person

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 &
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(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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EQUITI US 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 were filed on 10/08/2014 and assigned
Florida document number L14000157294.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

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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>	<u>Type of Action</u>
AMBR	Equiti Capital UK Limited	69 Wilson Street	<input type="checkbox"/> Add
		London EC2A 2BB, UNITED KINGDOM GB	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Equiti Group Limited	2nd Floor, Gaspé House, 66-72 Esplanade, St. Helier	<input checked="" type="checkbox"/> Add
		Jersey JE1 1GH, JERSEY	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gary Madayag Dennison	11300 US Highway 1, Suite 200	<input type="checkbox"/> Add
		North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Gary Madayag Dennison	11300 US Highway 1, Suite 200	<input checked="" type="checkbox"/> Add
		North Palm Beach, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 27 2021

Signature of a member or

Signature of a member or authorized representative of a member

Felix Mehler

Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00