

L15000049153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

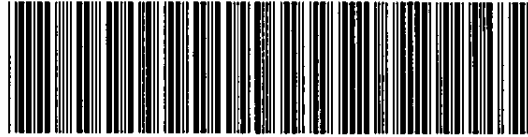
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 30 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPITAL SOLUTIONS HH, 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:

Kelly Stofflet

Name of Person

Capital Solutions VI, LLC

Firm/Company

9995 Gate Parkway N., Suite 400

Address

Jacksonville, FL 32246

City/State and Zip Code

Kelly@iterausa.com

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

For further information concerning this matter, please call:

Kelly Stofflet

at (904) 928-3904

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 &
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**

CAPITAL SOLUTIONS HH, 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 March 18, 2015 and assigned Florida document number L15000049153.

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 end with 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)

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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:

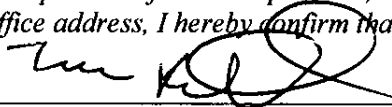
Name of New Registered Agent: CAPITAL SOLUTIONS VI, LLC

New Registered Office Address: 9995 GATE PKWY N., STE 400
Enter Florida street address

JACKSONVILLE, Florida 32246
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 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>
MGRM	CAPITAL SOLUTIONS IV,	9995 Gate Pkwy N., STE 400	☐ Add
		Jacksonville, FL 32246	☒ Remove
AMBR	CAPITAL SOLUTIONS VI,	9995 GATE PKWY N., STE 400	☒ Add
		JACKSONVILLE, FL 32246	☐ Remove
MGR	Tim Ritch	9995 Gate Parkway N., Suite 400	☒ Add
		Jacksonville, FL 32246	☐ Remove
MGR	Nick Kavalieros	9995 Gate Parkway N., Suite 400	☒ Add
		Jacksonville, FL 32246	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

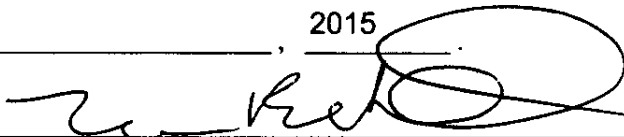
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(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 March 25, 2015



Signature of a member or authorized representative of a member

Tim Ritch

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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