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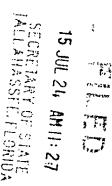
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COVER LETTER

ORIGINAL

TO: Registration/Se Division of Cor			
FORUM C	APITAL PARTNERS, LLC		
SUBSECT.	Name of Limite	ed Liability Company	
	Amendment and fee(s) are submondence concerning this matter to	-	
	BARBRA TINKLE		
		Name of Person	
	FORUM CAPITAL GROU	P, INC.	
	-	Firm/Company	
	9995 GATE PARKWAY N	. STE 400	
		Address	· · · · · · · · · · · · · · · · · · ·
	JACKSONVILLE, FL 3224	6	
		City/State and Zip Code	
	BARBRAT@ITERAUSA.Co	OM be used for future annual report notif	ication)
For further information of	concerning this matter, please cal		
BARBRA TINKLE		904 996-8800 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

FORUM CAPITAL PARTNERS, LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number 115000051817	ity Company were filed on 3/23/2015	and assigned
This amendment is submitted to amend the following	g:	
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	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET Al	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
Mulling uddress MAT BL A FOST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent:		1382 1382 1484 1484 1484 1484 1484 1484 1484 14
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	City	Crisin 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>	Address	Type of Action
MGR	Capital Management Solutions, Inc	9995 Gate Parkway N. Ste 400	
		Jacksonville, FL 32246	■ Remove
			Change
MGR	Raissa M. Frenkel	9995 Gate Parkway N. Ste 400	■ Add
		Jacksonville, FL 32246	□ Remove
			☐ Change
MGR Brad Hudson	Brad Hudson	9995 Gate Parkway N. Ste 400	Add
		Jacksonville, FL 32246	□ Remove
			Change
MGR Steven C. Koegler	Steven C. Koegler	9995 Gate Parkway N. Ste 400	■ Add
		Jacksonville, FL 32246	☐ Remove
			☐ Change
MGR N	Nick T. Kavalieros	9995 Gate Parkway N. Ste 400	■ Add
		Jacksonville, FL 32246	☐ Remove
			☐ Change
MGR	Timothy Ritch	9995 Gate Parkway N. Ste 400	Add
		Jacksonville, FL 32246	☐ Remove
	•		☐ Change

								
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						VOIR Ally	27	
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot block does not meet	the applicable	ate of filing or me e statutory filing	ore than 90 days	optional) after filing s, this date	.) Pursuan	t to 605.0 be listed	0207 (3 d as th
he record specifies a dela The 90th day after the	yed effective date record is filed.	, but not a	n effective t	ime, at 12:	01 a.m.	on the	earlie	r of:
Dated	20)15						
	7							

Page 3 of 3

Filing Fee: \$25.00