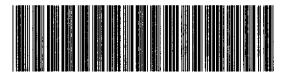
# L15000057015

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
, (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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INC. 1315 29 P 1: 49

**S Warren** AUG 3 0 2016

### **COVER LETTER**

TO: Registration Sec	rtion	•	
Division of Corp			
subject:S a	ud E CApital Name of Lim	Partner LLC.	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	SERBE FRE	Name of Person	
		Firm/Company	
	11 SW 13th	Address	
	Boynton Bea	cft FL 33435 Cfty/State and Zip Code	
	EFREDERICO E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	
SERGE THE Name of	Myic Person	at (Se/ 305-51 Area Code Daytime	085 Telephone Number
Enclosed is a check for th	e 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

S and E CAbital	Paretne	s Llc.		
(Name of the Limited Liabil	la Limited Liability	now appears on our re Company)	ecords.)	
The Articles of Organization for this Limited Liability (Florida document number		iled on $3/21/$	15	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability co	mpany here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Com	pany," the designation '	'LLC" or the abb	COTO COMPANY
Enter new principal offices address, if applicable:			かけ 32177 76 44	
(Principal office address MUST BE A STREET ADD	RESS)		<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FLORIDA	<u> </u>
	<u>dress here:</u> SERGE 118 SW 13	ddress on our rec 1725DOZ-C 5111 AVenue Enter Florida street ac Sea cH	, , , , , , , , , , , , , , , , , , , ,	
	Boynton 1	reacti	, Florida	33435 Zip Code
	, 0	•		-r

#### 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	EVENS FREDERIC	8561 tourmaline BLVD Boyutm Beak!	HL □ Add
			E Remove
		·	Change
			Add
			Remove
`			Change
			🗆 Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
		A TO	Remove
		ASSEE, FI	Change
		SEE, FLORIDA	Add Add
		<u>.</u>	Change

_1	I CER De FREDERIC 15 Familian with and
_	Accept the obligations of this Position as the
	Accept the obligation of this Position as the New Registered Agent For Sand & Carpital PARtmers LLC.
·	
<b>tive</b> ffecti	e date, if other than the date of filing: (optional)  ive 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 60
If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.
cor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl
	Oth day after the record is filed.
	08/2/6
i	( / ^ =
<b>i</b>	Jenes FREDERIC
i	Jerge FAEDeric Signature of a member or authorized representative of a member
i	SERGE FREDERIC SAN Typed or printed name of signee
i	SERGE FREDERIC SERVICE Typed or printed name of signee