U50073634

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SECRETARY OF STATEA

MAR 1 5 2016 S. YOUNG

COVER LETTER

Division of Corpo	orations		
ASTON CAP	PITAL PARTNERS		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	FAIZA KHANANI		
		Name of Person	
	V CADITAL LLC	Traine of Fulloni	
	K CAPITAL, LLC		
		Firm/Company	
	10647 BOCA POINTE DR		•
		Address	
	ORLANDO, FL 32836		
		City/State and Zip Code	
	OWAIS@RYZEGROUP.CC		
	E-mail address: (to	be used for future annual report notificat	ion)
For further information con	cerning this matter, please cal	l:	
FAIZA KHANANI		321 287-4898 at ()	
Name of P	Person	Area Code Daytime Te	lephone 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:

TO:

Registration Section

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

ASTON CAPITAL PARTNERS, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L15000073624	ility Company were filed on 4/27/2015	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
K CAPITAL LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicab	le:	65 M A CORE TO
(Principal office address MUST BE A STREET)	ADDRESS)	<u> </u>
		# 07 mg
		7 7
Enter new mailing address, if applicable:		# F. CO.
(Mailing address MAY BE A POST OFFICE BO	DXI	<u> </u>
maning dualess in 11 BE A 1 OST OF TICE BO		·
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or	registered office address on our records, e	enter the name of the new
registered agent and/or the new registered offic		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
•	City	Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FAIZA A. KHANANI	10647 BOCA POINTE DR.	■ Add
		ORLANDO, FL 32836	☐ Remove
			☐ Change
			Add
			Remove
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		مسر استار	S
		PX	ار اند
		<u> </u>	7:00
Effortive	date, if other than the date of filing: (optional)	23	1.
Note: If	date, if other than the date of filing:	t to 605.02 be listed a	07 (3) as the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 0th day after the record is filed.	earlier	of:
Dated	3-10, 2016		
	$\mathcal{A}_{\mathcal{N}_{N}_{\mathcal{N}_{N}}}}}}}}}}$		
	Signature of a member or authorized representative of a member	—	
	FAIZA A. KHANANI		

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Filing Fee: \$25.00