

L15000084358

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000276342 3)))



H150002763423ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : RING, BENDER, MCKOWN & CASTILLO, LLLP
Account Number : I20120000014
Phone : (305) 987-4920
Fax Number : (866) 624-8893

FILED
15 NOV 19 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: amckown@ringbenderlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LINCOLN ROAD CAPITAL PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
15 NOV 19 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 20 2015

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LINCOLN ROAD CAPITAL PARTNERS, 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:

Aaron M. McKown

Name of Person

Firm/Company

1 Alhambra Plaza, Suite 620

Address

Coral Gables, FL 33134

City/State and Zip Code

amckown@ringbenderlaw.com

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

For further information concerning this matter, please call:

Amelia Barreto

786

235-2030

Name of Person

at ()

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

LINCOLN ROAD CAPITAL PARTNERS, 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 05/13/2015 and assigned Florida document number L15000084358.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida

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 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>
MGR	LINCOLN ROAD INVESTMENT	1 ALHAMBRA PLAZA, SUITE 601	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NOMADE CONSULTING, INC.	230 NE 107 STREET	<input checked="" type="checkbox"/> Add
		MIAMI SHORES, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aaron M. McKown	1 Alhambra Plaza, Suite 620	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hassan Benjelloun	230 NE 107 STREET, #1	<input checked="" type="checkbox"/> Add
		Miami Shores, FL 33161	<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

15 NOV 19 9:02 AM
 DEPARTMENT OF
 STATE
 MIAMI, FLORIDA

FILED

FLORIDA
TALLAHASSEE

FILED
15 NOV 19 AM 9:02
U.S. DEPT. OF JUSTICE
FBI - TAMPA

Dated 11. 17. 15, _____

ERIC MILON

Filing Fee: \$25.00