

#L15000085759

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

2015 MAY 26 PM 4:35

FILED

K. SALLY  
EXAMINER  
MAY 29 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ethos 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:

Carl Quesinberry

Name of Person

Ethos Capital Partners LLC

Firm/Company

3027 Killarney Drive

Address

Pace, Florida 32571

City/State and Zip Code

caquesinberry@aol.com

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

For further information concerning this matter, please call:

Carl Quesinberry

850

313-2653

at ( )

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**

ETHOS CAPITAL PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/14/2015 and assigned  
Florida document number L15000085759.

This amendment is submitted to amend the following:

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

ETHOS CAPITAL ADVISORS, LLC

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:**

6901-A North 9th Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Pensacola, Florida 32504

**Enter new mailing address, if applicable:**

3027 Killarney Drive

**(Mailing address MAY BE A POST OFFICE BOX)**

Pace, Florida 32571

**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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida

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 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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
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|              |             |                | <input type="checkbox"/> Change |

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TALLAHASSEE, FL 32310

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

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ST. JAMES VIT STAIT  
TALAHASSEE, FLORIDA

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


(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 18th 2015

  
Signature of a member or authorized representative of a member

Carl Quesinberry, Managing Member

Typed or printed name of signee