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S. YOUNG

AUG 26 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 20/20 Profit Capital Fund, 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:

Joseph Gallas

Name of Person

20/20 Profit Capital Fund, LLC

Firm/Company

233 3rd St N, Suite 202

Address

St Petersburg, FL 33701

City/State and Zip Code

joe@2020profit.com

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

For further information concerning this matter, please call:

Joseph Gallas

Name of Person

at (727) 213-2000

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

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15 AUG 25 PM 2:46
TALLAHASSEE, FL
CORPORATION DIVISION

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

20/20 Profit Capital Fund, 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 05/18/2015 and assigned
Florida document number L15000087034.

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:

20/20 Profit Capital Fund, LLC

(Principal office address MUST BE A STREET ADDRESS)

233 3rd St N, Suite 202

St Petersburg, FL 33701

Enter new mailing address, if applicable:

20/20 Profit Capital Fund, LLC

(Mailing address MAY BE A POST OFFICE BOX)

233 3rd St N, Suite 202

St Petersburg, FL 33701

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:

Joseph Gallas

New Registered Office Address:

233 3rd St N, Suite 202

Enter Florida street address

St Petersburg

City

, Florida

33701

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.

 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>
AMBR	K. KEEFE AND SON L.L.C.	7064 S. SHORE DRIVE	<input type="checkbox"/> Add
		PASADENA, FL 33707	<input checked="" 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 checked="" 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

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

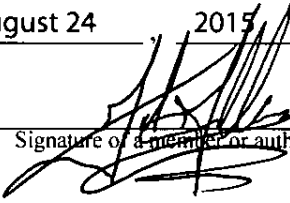
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 August 24, 2015.

 AMBR
Signature of a member or authorized representative of a member

Joseph P Gallas, AMBR

Typed or printed name of signee

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15 AUG 25 PM 2:43