L150000 12624

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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JUN 1 8 2015 J SHIVERS

COVER LETTER

Division of Corp	
ALLY HUM SUBJECT:	MAN CAPITAL LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	JOAO MARCELO A GRISOLI
•	Name of Person
	ALLY HUMAN CAPITAL LLC
	Firm/Company
	7350 FUTURES DR STE 18 EXEC OFFICE 10
	Address
	ORLANDO, FL 32819
	City/State and Zip Code
	JM.GRISOLI@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
JOAO MARCELO A GR	
Name of	f Person at ()
, Enclosed is a check for th	ne following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited L.) (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number L15000092624	
This amendment is submitted to amend the following	ng:
A. If amending name, <u>enter the new name of the</u>	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the address here:
Name of New Registered Agent:	AR S
New Registered Office Address:	Enter Florida street address
-	City , Florida
New Registered Agent's Signature, if changing Regi	stered 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	SANDRA A GONCALVES	13269 OUTLON CIR	Add
		ORLANDO, FL 32832	■ Remove
			Change
			□ Remove
		****	☐ Change
		·	_ □ Remove
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ctive date, if other than th	ne date of filing:		(0	ontional)
ctive date, if other than the effective date is listed, the date inserted in this effective for the date inserted in this effective forms.	block does not meet tl	ne applicable statut	ling or more than 90 days ory filing requirements	after filing.) Pursuant to 605 this date will not be list
iment's effective date on the	Department of State's	records.		15 ALL ALL
record specifies a delay ne 90th day after the re		but not an effe	ctive time, at 12:	م ن≤ حشر
d	20	15		
u				M 9: 54 F STATE FLORID

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00