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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP -9

VOGEL & ASSOCIATES, P.C.

ATTORNEYS AT LAW

Please reply to: ☒ NY ☐ FL

500 NORTH BROADWAY, SUITE 140
JERICHO, NEW YORK 11753
TELEPHONE: (516) 877-7300
FACSIMILE: (516) 877-2340
E-MAIL: vogellaw@optonline.net

6300 NW 31ST AVENUE
FT. LAUDERDALE, FL 33309
TELEPHONE: (954) 973-0000
FACSIMILE: (954) 973-7616
E-MAIL: vogellaw@optonline.net

August 30, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

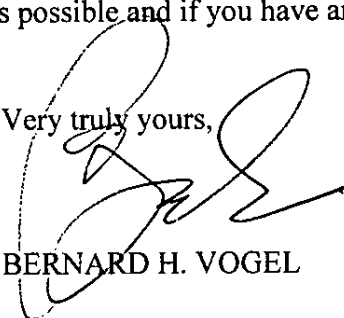
Re: Nuevo York Capital Co., LLC

Dear Sir/Madam:

Enclosed is an Articles of Amendment to the Articles of Organization of Nuevo York Capital Co., LLC. Also enclosed is our check in the amount of \$25.00 representing the filing fee.

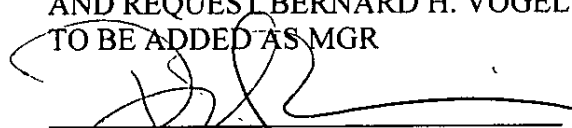
Please file this Amendment as soon as possible and if you have any question regarding this matter, please contact the undersigned.

Very truly yours,


BERNARD H. VOGEL

BHV:jg
Encls.

I WISH TO BE REMOVED AS MGR OF
NUEVO YORK CAPITAL CO., LLC
AND REQUEST BERNARD H. VOGEL
TO BE ADDED AS MGR



DAVID C. NEVINS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NUEVO YORK CAPITAL CO., 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:

BERNARD H. VOGEL, ESQ.

Name of Person

VOGEL & ASSOCIATES, P.C.

Firm/Company

500 NORTH BROADWAY, SUITE 140

Address

JERICO, NY 11753

City/State and Zip Code

svalaw@optonline.net

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

For further information concerning this matter, please call:

BERNARD H. VOGEL

Name of Person

516

at ()

Area Code

877-7300

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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	David C. Nevins	500 North Broadway, Suite 140	☐ Add
		Jericho, NY 11753	☒ Remove
			☐ Change
MGR	Bernard H. Vogel	500 North Broadway, Suite 140	☒ Add
		Jericho, NY 11753	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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ALBANY, NEW YORK

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

2016 SEP -6 PM 1:20
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

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 30, 2016

Signature of a member or authorized representative of a member

Bernard H. Vogel

Typed or printed name of signee