L15000135751

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Namo	э)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900275962479

08/14/15--01022--013



2015 AUG I H A II: 53

AUG 1 7 2015

8 MASON

COVER LETTER

Division of Control	orporations		
eun teor.	48 CAPITAL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	condence concerning this matter	to the following:	
	MAGALY.	SENION. Name of Person NT, INC Firm/Company STE 270 Address 32811 City/State and Zip Code : (to be used for future annual report notification) call: at (407 903-0134 41 407 Area Code Daytime Telephone Number \$55.00 Filing Fee & Certified Copy \$60.00 Filing Fee, Certificate of Status &	
	SEMAGO INVESTMENT		
		Firm/Company	
	4901 VINELAND RD, ST	E 270	
		Address	
	ORLANDO, FLORIDA 3	2811	
		City/State and Zip Code	
	GS@SEMAGO.COM	to be used for future annual report notif	Testion)
For further information	concerning this matter, please c	•	reactions)
MAGGIE SENIOR	•		
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		

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

TO:

Registration Section

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**

48 CAPITAL LLC			
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili Florida document number	• • • —	07/22/2015	and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" 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 BOX	Ω		
3. If amending the registered agent and/or registered agent and/or the new registered office		our records, ente	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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.

Page 1 of 3

Page 1 of 3

Page 1 of 3

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>	Name	Address	Type of Action
MGR	ADRIANNO BARCELLOS	4901 Vineland road, Ste 270, Orlando F1 32811	⊟ Add
			□ Remove
			Change
			□ Add
		**	🗆 Remove
			Change
			D Add
			C Remove
			Change
***************************************			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			Remove
			_□ Change
		SECRETARY THE LANA SECRETARY	_ Add-ş
		1,24 L1 m/	Change
		ORIU	. Л

_	1	,				
			· · · · · · · · · · · · · · · · · · ·			
_					•	
		;				
_		·				
	<u> </u>					
_						
	·					
				· ·		
lote: I ocume e reco	f the date inserted in this nt's effective date on the ord specifies a delay	block does not n Department of S ed effective of	3:	ry filing requirements	, this date will	not be listed
The !	90th day after the re	ecord is filed.				
ated _	AUGUST 13		2015			
			٠, ﴿		## 22 28	
		Signature of a	member or authorized repres	entative of a member	- 5 - 5	
		MAG	GALY SENIOR		AUG I	
		МАС	GALY SENIOR Typed or printed name of s	ignee	TARY OF	<u> </u>

Filing Fee: \$25.00