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Department of State - Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Please find enclosed Duplicates of the Articles of Amendment for **Fallout Capital**, **LLC**, a domestic LLC (Document #L15000208859).

Please file the attached Articles and return Proof of Filing to us <u>using the enclosed</u> <u>prepaid FedEx Envelope and Airbill</u>.

Payment for the required fees is enclosed (\$25.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact me.

Sincerely,

The Client Services Team MyNewCompany.com, Inc. 187 E. Warm Springs Rd., Suite B Las Vegas, NV 89119

Phone: 702-362-2677 Fax: 702-825-2581

Email: orders@mynewcompany.com



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## **COVER LETTER**

ction porations			
ital, LLC			
Name of Limi	ted Liability Company		
Amendment and fee(s) are subr	nitted for filing.		
ndence concerning this matter t	to the following:		
Ed Tsuji			•
	Name of Person		
MyNewCompany.com, Inc	<b>.</b>		
	Firm/Company		THE 6
187 E. Warm Springs Road			国有一
	Address		8-15-1
Las Vegas, NV 89119			
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, p	702 362-2677	7	
Person		time Telephone Number	
e following amount:			
□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	c of Status &
	Amendment and fee(s) are submedence concerning this matter to the Ed Tsuji  MyNewCompany.com, Inc.  187 E. Warm Springs Road  Las Vegas. NV 89119  agent@mynewcompany.com  E-mail address: (concerning this matter, please concerning this matter than the property of the prope	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Ed Tsuji  Name of Person  MyNewCompany.com, Inc.  Firm/Company  187 E. Warm Springs Road, Suite B  Address  Las Vegas, NV 89119  City/State and Zip Code agent@mynewcompany.com  E-mail address: (to be used for future annual report of the concerning this matter, please call:  1 Person  1 S30.00 Filing Fee & Certified Copy  Certificate of Status  Certified Copy	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Ed Tsuji  Name of Person  MyNewCompany.com, Inc.  Firm/Company  187 E. Warm Springs Road, Suite B  Address  Las Vegas, NV 89119  City/State and Zip Code  agent@mynewcompany.com  E-mail address: (to be used for future annual report notification)  Dincerning this matter, please call:  1 Person  1 To 2 362-2677  Area Code  The political code of Status  Certified Copy  (additional copy is enclosed)  Certified  Certified

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 Liability Comp.	any as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000208859</u>	were filed on 12/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5846 S. Flamingo Road, #404	
(Principal office address MUST BE A STREET ADDRESS)	Cooper City, FL 33330	型海 高
		一一一
Enter new mailing address, if applicable:	5846 S. Flamingo Road, #404	o m
(Mailing address MAY BE A POST OFFICE BOX)	Cooper City, FL 33330	
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	đa
	City	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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
AMBR	R Bateman	5846 S. Flamingo Road, #404	
		Cooper City, FL 33330	Remove
			<b>□</b> Change
			Add
			☐ Remove
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applic tument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.03 able statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but no he 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
February 11 2016	
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	orized representative of a member

Page 3 of 3

Filing Fee: \$25.00