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D. SCOTT **DEC** 8 2016

COVER LETTER

Division of Corporations
SUBJECT: ARK MINE CAPITAL 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:
MILTON FRANKLIN Name of Person
ARK MINE CAPITAL LLC Firm/Company
1015 PENNSYLVANIA AVE #30
MIAMI BEACH FL 33139 City/State and Zip Code
E-mail address: (to the used for future annual report notification)
For further information concerning this matter, please call:
MILTON FRANKLIN at 186 506-3578 Area Code Daytime Telephone Number 37 8 7
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$\Bigcup \text{\$560.00 Filing Fee & Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARK MINE	CAPITAL LIC
(Name of the Limited I	Jability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number L/6000797	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<i>X</i>)
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 new address here:
Name of New Registered Agent:	SSE -7 - E
New Registered Office Address:	Enter Florida street address
_	, Florida
	City Zin 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.

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 **Title Address** Type of Action Name 1 GAMA, CHERULI, THARMA 7800 HARDING AVE #6 MIAMI, BEACH, FL 33141 Remove ☐ Change DE SIQUEIRA, GLANCIA F TROO HARDING AVE: MIBMI BEACH, FL 33141 Remove ☐ Change □ Add _□ Remove □ Change □ Add □ Remove Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00