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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

HOLDING	GS TRADERS CAPITAL INVE	ESTMENTS L.L.C .	
Nobbett	Name of Lim	ited Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	YANA JUDAH		
		Name of Person	
	BEERSHEBA CAPITAL	LLC	
		Firm/Company	
	16275 SW 88TH STREET	, #102	
		Address	<del></del>
	MIAMI, FL 33196		
		City/State and Zip Code	
	HOMEAGAIN727@GMA		
	E-mail address: (	to be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please c	all:	020 J ECR
YANA JUDAH		786 262-2108 at ()	in E
Name	of Person	Area Code Daytime Telephone Nu	(2)
Enclosed is a check for	the following amount:		AN 7: 47 OF STATE SEE, FL
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
•			
Mailing Addre Registration Division of		Street Address: Registration Section Division of Corporations	
P.O. Box 63	•	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLDINGS TRADERS CAPITAL INVESTMENTS L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/18/2016}{}$ and assigned Florida document number L16000097143 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEERSHEBA CAPITAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida City

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			🗆 Add
			□Remove
			□Change
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		<del></del>	□Remove
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