L16000113789

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K. SALY OCT 27 2016

ROTH & SCHOLL Attorneys at Law

866 South Dixie Highway Coral Gables, Florida 33146 Tel 305.662.4141 Fax 305.662.3816

October 24, 2016

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

By FedEx

Dear Sir:

RE: AMALU Capital LLC -Document No. L16000113789

In reference to the above entity, attached are the following:

- 1. Articles of Amendment to Articles of Organization of AMALU Capital LLC;
- 2. My check in the amount of \$25.00, representing your filing fee.

Please file the amendment to articles of organization and forward me written confirmation of the same. Thank you for your anticipated prompt attention to this matter.

Very truly you

l**≝**FFŘE**Y** C. ROTH

JCR:gkm Encls.

cc: Northpoint Systems, Inc.

Attn: Andera Peterson (w/encls. by email to andrea.petersen@northpointsystems.com)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE

AMALU Capital LLC

(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	vere filed on June 9, 2016	and assigned		
Florida document number L16000113789				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		*** · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new		
		•		
Name of New Registered Agent:				
New Registered Office Address:				
	icable: OFFICE BOX) gent and/or registered office address on our records, enter the name of the new gistered office address here: Gent: Gent: City Cit			
	, Flor	ida		
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Zip Code		
	a to got in this consoin. I find	lan amaa ta amaalii widh tha		
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pr	erformance of my duties, and covided for in Chapter 605, F.	I am familiar with and S. Or, if this document is		
If Chang	ing Degistered Agent Signature of	Naw Degistered 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>	<u>Address</u>	Type of Action
MBR	ADEC TRUST	1450 Brickell Avenue	
		Suite 1690	_□ Remove
		Miami, FL 33131	
MBR	Alan Cooper	1450 Brickell Avenue	□ Add
		Suite 1690	□ Remove
		Miami, FL 33131	■ Change
			☐ Add
			Remove
			Change Z016 OCT Z6
			TABOV OF MANE AND
			□ Remove
			☐ Change
	W-9-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Add
			Remove
			☐ Change

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ffective date, if other than the an effective date is listed, the date in listed. If the date inserted in this locument's effective date on the	block does not meet the application	ible statutory filing requirement	(optional) s after filing.) Pursuant to 605.0207 (3) s, this date will not be listed as the)(b) e
e record specifies a delaye The 90th day after the re		an effective time, at 12:	01 a.m. on the earlier of:	
October 20	2016			
Ande	Whether of a member or author	rized representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00