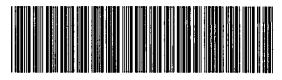
# L16000136265

(Re	questor's Name)			
(Address)				
(Ad	dress)			
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## **COVER LETTER**

	egistration Sec vision of Corp		
CUDICAT		ACKER CAPITAL PARTNERS LLC	
SUBJECT		Name of Limited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are submitted for filing.	
Please retur	n all correspon	ndence concerning this matter to the following:	
		RAFAEL BENAVENTE	
		Name of Person	
		Firm/Company	
		735 HARBOR DRIVE	
		Address	
		KEY BISCAYNE FLORIDA 33149	2016
		City/State and Zip Code	55 mg
		RAFAEL@BARUCAPITAL.COM	-55
For further	information co	E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:	
RAFAEL E	BENAVENTE	609 287-7400 at ( )	= -
	Name of	CD C	w w
Enclosed is	a check for the	ne following amount:	
\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status & y

### MAILING ADDRESS:

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

F 3 - 1 - 6 - 7

### 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

wing:  the limited liability company here:  ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  able:  TADDRESS)	(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	pears on our records.)
the limited liability company here:  ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  able:  TADDRESS)	The Articles of Organization for this Limited Liability Company were filed or Florida document number L16000136265	n JULY 21 2016 and assigned
able:  TADDRESS)  BOX	This amendment is submitted to amend the following:	
ADDRESS)  SOX)	A. If amending name, enter the new name of the limited liability compan	y here:
BOX)	The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
BOX)	Enter new principal offices address, if applicable:	
BOX) SST 1 TO	(Principal office address MUST BE A STREET ADDRESS)	The contract of the contract o
		A P
30X)		COST 1
5. 0	Enter new mailing address, if applicable:	A STATE OF THE STA
	Mailing address MAY BE A POST OFFICE BOX)	
	(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 office address registered agent and/or the new registered office address here:	A SECTION OF THE SECT
	egistered agent and/or the new registered office address here:	
<u>ice address here</u> :	Name of New Registered Agent:	
ice address here:	New Registered Office Address:	
ice address here:		r Florida street address
Enter Florida street address		, Florida
Enter Florida street address	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.

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 = . M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			□ Change
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	·		Remove
			Change.

Prince of the second se
nan the date of filing: (optional)
August 23rd 2016

Page 3 of 3

Filing Fee: \$25.00