## 116000141690

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200291363952

10/24/16--01012--004 \*\*25.00

OCT 25 2016 S. YOUNG

16 OCT 24 PM 4: 01

## **COVER LETTER**

Division of Corpo			
SUBJECT:	ampari Capi	tal Group LLC ited Liability Company	
	Name of Lim	ited Liability Company	
r.			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	william	Hir suhy Name of Person	
		Firm/Company	plic
		SW 103 rd St R. Address	
		City/State and Zip Code	150
		City/State and Zip Code to be used for future annual report notifi	cation) PA
For further information con	cerning this matter, please ca	·	cation) PH L. D. C.
Name of F	m Hirsohy Person	at (352) Y97.  Area Code Daytime	
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILIN	G ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Capital Group	
(A Florid	ity Company as it now appears on our r a Limited Liability Company)	<del>ceords.</del> )
The Articles of Organization for this Limited Liability (	Company were filed on	28/16 and assigned
Florida document number L 160001416	• •	
This amendment is submitted to amend the following:	_	
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	
Enter new principal offices address, if applicable:	4/4	6 00
(Principal office address MUST BE A STREET ADD)		
	<del> </del>	t mor
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stavad office address on our vo	souds onton the name of the navy
registered agent and/or the new registered office add		cords, enter the name of the new
Name of New Registered Agent:	4/4	
New Registered Office Address:	P	
	Enter Florida street d	aaress
	City	_, Florida
	City	гір Соае

## 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 Name Address **Type of Action** 5100 SW 103 rd StRd AMBR WILLIAM HIRSOLY ☐ Add Ocala, FL 34476 Remove Change Shane Buffan 155 Main St North AMBR □ Add Uxbridge ON Remo LAPIK-9 CA □ Add □ Remove ☐ Change Eric Schindermann 5100 SW 103 rd S+Rd AMBR Add. Ocala, FL 34476 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

amending any other information, enter change(s) here: (Attach additional	al sheets, if necessary.)
• '	
	ਰੰ
	001
	24 P
	#: 
- 1	<u> </u>
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing rocument's effective date on the Department of State's records.	(optional)  unan 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier o
ted October 19, 2016.	• •
Signature of a member or authorized representative of	a member
WILLIAM T Hirschy	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00