



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6363

From:

Account Name : ALVAREZ ARRIETA & DIAZ-SILVEIRA LLP  
Account Number : 120130000001  
Phone : (305)740-1940  
Fax Number : (305)740-1941

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: llopez-dapena@aadsllaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HIGHBORNE FAMILY CAPITAL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** HIGHBORNE FAMILY 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:

Manuel Mato

Name of Person

Edgewater Capital Investments

Firm/Company

135 San Lorenzo Avenue, Suite 740

Address

Coral Gables, FL 33146

City/State and Zip Code

mmato@edgewaterci.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Mato

786

485-5224

at ( )

Name of Person

Area Code

Daytime Telephone Number

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)

**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**

HIGHBORNE FAMILY 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 were filed on 08/18/2016 and assigned  
Florida document number L1600015099.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GIFT CAPITAL INVESTMENTS, 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:

135 San Lorenzo Avenue, Suite 740

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Gables, FL 33146

Enter new mailing address, if applicable:

135 San Lorenzo Avenue, Suite 740

**(Mailing address MAY BE A POST OFFICE BOX)**

Coral Gables, FL 33146

**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:**

Name of New Registered Agent:

Manuel Mato

New Registered Office Address:

135 San Lorenzo Avenue, Suite 740

Enter Florida street address

Coral Gables

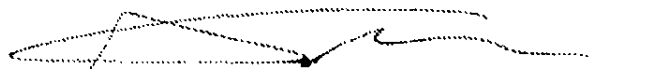
Florida 33146

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 = Manager
- AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 6, 2017

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Luis A. Perez, Manager

Typed or printed name of signer