## 1/600/68912

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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:CAP	TAL 6 INVE	ted Liability Company	LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	CHRIST	Name of Person	T1 LE
	CAPITI	ar 6 NVEST	MENTS, LLC
		Firm/Company	
	9100	in april HAR	3-12 DE #10D
		Address	
	gray HAR	BOL ISLAMS City/State and Zip Code	. A. 33154
_	CGENTI	LEPHD Q 1AHO	o . Com
	E-mail address: (	to be used for future annual repo	ort notification)
For further information conc	cerning this matter, please ca	ill:	
CHRISTOPH	OL GENTILE	at (305) i	13 2792
Name of Pe	erson	Area Code [	Daytime Telephone Number
Enclosed is a check for the f	following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING	G ADDRESS:	 STREET/C	OURIER ADDRESS:
	on Section	Registration	Section Corporations
Division of P.O. Box	of Corporations 6327	Clifton Build	ding
Tallahasso	ee. FL 32314	2661 Execut Tallahassee,	ive Center Circle F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL 6 INVEST	TMENTS. LLC
(Name of the Limited Liability Compa- (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company, Florida document number <u>L16000168912</u>	vere filed on 9.9.16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	<u>ity company here</u> :
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S S S S S S S S S S S S S S S S S S S
(Principal office address MUST BE A STREET ADDRESS)	T CC
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	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
New Designation of America Designation Community	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending a or removed fr	Authorized Person(s) authorized to ma <u>com our records</u> :	mage, enter the title, name, and address of ea	ch person-being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LIBO FINEBERG	DEBRATELD BEACH, FL.	□ Add
		38441	Premove
			Change
	<del></del>		
			🖸 Remove
			☐ Change
			🗆 Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			☐ Change
			🗆 Remove
			Change

. If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)		
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			<u></u>
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		— <b>22</b>	TARY C
		JAN II PHI	
		<del></del>	STATE FLORIDA
		- <del></del>	~ (E)
. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior  Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be	o 605.0207 : listed as	7 (3)(b) , the
the record specifies a delayed effective date, but not o) The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the e	arlier ol	f:
Dated	<u>)</u> .		
Augus og o	Sorized representative of a member  Sorized representative of a member	 	
Typed or printe	ed name of signee		

Page 3 of 3

Filing Fee: \$25.00