L14000170151

(Re	equestor's Name)	
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COVER LETTER

Division of Co			
	d Ave LLC		
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mark Paris		
		Name of Person	
		Firm/Company	
	201 W Laurel St #411		
		Address	
	Tampa FL 33602		
		City/State and Zip Code	
	paris1@gate.net		
For further information	E-mail address: (i concerning this matter, please ca	to be used for future annual report notific	cation)
	concerning this matter, please ca		
Mark Paris		813 508-7653 at () Area Code Daytime	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

(Name of the Limi	ted Liability Comp	any as it now annears on our	rangeds)
(Maine of the Limit	(A Florida Limited	any as it now appears on our Liability Company)	etorus.)
The Articles of Organization for this Limited L	iability Company	were filed on 09/12/2016	and assigned
Florida document number L16000170151	•		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	<u>f the limited liab</u>	oility company here:	
Capital Resource Partners, LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201 W. Laurel St #411	1 133 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREET ADDRESS)		Tampa FL 33602	60 455
			ယ ုန်
			7
Enter new mailing address, if applicable:		201 W. Laurel St #411	7.
• • • • • • • • • • • • • • • • • • • •	P.O.W.	Tampa FL 33602	5 5
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			cords, <u>enter the name of the ne</u>
Name of New Registered Agent:	Mark Paris		
New Registered Office Address:	201 W. Laurel St #411		
New Registered Office Address.		Enter Florida street d	address
	Tampa		B1
		City	, Florida 33602 Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		·
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi- being filed to merely reflect a change in the	er and complete stered agent as p	performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Address	Type of Action
MGR	Mark Paris	201 W Laurel St #411	■ Add
		Tampa FL 33602	□ Remove
			Change
MGR	Joseph Paris	201 W Laurel St #411	■ Add
		Tampa FL 33602	Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Rem Rem
		-	FILED FALED Change AII 2: 5
		 	□ Add 50
			□ Remove
			□ Change

- · ·	ion, enter change(s) here: (Attach additional sheets, if ne	•
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te: If the date inserted in this blo cument's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days affick does not meet the applicable statutory filing requirements, the partment of State's records. effective date, but not an effective time, at 12:01	his date will not be listed a
ed February 07	2017	
MIL		
	Signature of a member or authorized representative of a member	77 F
Mark Paris, Mngr		Ö
	Typed or printed name of signee	$\overline{\omega}$
	Page 3 of 3	75

Filing Fee: \$25.00