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(Re	equestor's Name)		
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(Ci	ty/State/Zip/Phon	e #)	
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RECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT MAR 1 2017

COVER LETTER

	on Section f Corporations	
	p Real Estate, LLC	
SUBJECT:		
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	David Donnelly	
	Name of Person	
	HyCap Real Estate, LLC	
	Firm/Company	
	7000 East Belleview Ave., Ste. 200	
	Address	
	Greenwood Village, Colorado 80111	
	City/State and Zip Code	
	daviddonnelly@hermangroup.net	
For further informat	E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:	高田田
David Donnelly	303 220-6273 at ()	TILED BE 27 PE BESSEPTE
	Iame of Person Area Code Daytime Telephone Number s for the following amount:	LED 27 PH 1:59 LANY OF STATE LASSEE FLORIDA
■ \$25.00 Filing Fo	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing Fee & } \Bigcup \\$Certificate \Bigcup \\$60.00 \text{ Filing Fee & } \Bigcup \\$Certificate \Bigcup \\$60.00 \text{ Filing Fee & } \Bigcup \Bigcup \Bigcup \\$60.00 \text{ Filing Fee & } \Bigcup \Bi	of Status &

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

HyCap Real Estate, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L16000201136</u>	lity Company were filed on October 31, 2016	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "I.J.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BO.</u>	<u></u>	
		型品
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> address here:	LEI 27 ASSITE
Name of New Registered Agent:		- E - U
New Registered Office Address:	Enter Florida street address	<u>5</u>
		,
-	, Florida,	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>	Address	Type of Action
MGR	Kimberly Herman	7000 East Belleview Ave., Ste. 200	Add
		Greenwood Village, CO 80111	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
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fective date, if other then effective date is listed, the ote: If the date inserted in ocument's effective date o	date must be specifi this block does t	ic and cannot be not meet the	applicable s	e of filing or n statutory filin	ore than 90 d g requireme	_ (optional) ays after filing ents, this date	.) Pursuant	to 605. pe liste	0207 d as
e record specifies a d The 90th day after t			ut not an	effective 1	ime, at 1	2:01 a.m.	on the	earlie	r of
February 21		29/7	10 1	/			ALLAI	33 FE	
		Amb	4A	/			ESSE TARK	EB 27	FILE
		/ 1	/ /						LI
	Signature	of a member	or authorized	representative	of a membe	.	Hic	-PH	

Page 3 of 3

Filing Fee: \$25.00