4/8/2020

Division of Corporations

Floridar Department of State Livision of Opportunities Electronic Filling Cover Sheet

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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	:: DO NOT hit the REFRESH/RELOAD button on Doing so will generate another co	ver sheet.		
'	Division of Corporations			
	Fax Number : (850)617-6383			
F	rom:	:м		
	Account Name : C T CORPORATION SYSTE Account Number : FCA000000023			
	Phone : (614)280-3338		•	
	Fax Number : (954)208-0845		•	
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	annual report mailings. Enter only one ema Email Address: LLC AMND/RESTATE/CORRECT O ASQUARED CAPITAL,	il address p	1ease.**	
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***	email Address: LLC AMND/RESTATE/CORRECT O ASQUARED CAPITAL, Certificate of Status	R M/MG R	1ease.**	

Electronic Filing Menu

Corporate Filing Menu

OHEIPMMONS
APR 1 0 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION * OF

ASQUARED 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 JANUARY 3, 2017	ai	ıd assigr	ied
Florida document number L17000001877		2020 APR	
This amendment is submitted to amend the following:	· ,	APR	t e
A. If amending name, enter the new name of the limited liability company here:		5-	** *
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviati	un EEL (1111
Enter new principal offices address, if applicable:	بر بحو بر بحو	- 7 2-	اسعدا
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
			
Enter new mailing address, if applicable:			
•			
(Mailing address MAY BE A POST OFFICE BOX)		-	 -
B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here:	, enter the n	ame of	the new
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address			
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	rida		
City	Δp	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 fur provisions of all statutes relative to the proper and complete performance of my duties, an accept the obligations of my position as registered agent as provided for in Chapter 605, I being filed to merely reflect a change in the registered office address, I hereby confirm the company has been notified in writing of this change.	d Lam famili F.S. Or, if thi:	ar with s docum	and ent is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

AMBR = A	athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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"the limited liability company is	to be managed by: ONE O	R MORE MANAGE	RS."	
				
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ctive date, if other than the date effective date is listed, the date must be 1 if the date inserted in this block iment's effective date on the Department's	e specific and camor of prior c does not inect the applica	able statutory filing to		g.) Pursuant to 605
ecord specifies a delayed e ne 90th day after the recor	iffective date, but no d is filed.	t an effective tim	e, at 12:01 a.m	. on the earli
ed April 8	2020			
d April 8		 .		
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Filing Fee: \$25.00