Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

200

Account Name : ACBOTAX CORP Account Number : I20190000033 Phone : (786)703-5142 Fax Number : (786)703-8148

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

Email Address: <u>DAVIA (</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARGENTUM CAPITAL PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Y SULKER SEP 17 2020 **COVER LETTER** 420000322742 3

TO: Registration Section

Division of Corporations

SUBJECT:	ARGENTUN	A CAPITAL PARTNERS LLC	2		
		Name of Limit	ted Liability Company		
The enclose	d Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	n all correspon	dence concerning this matter t	to the following:		
		DOUGLAS A FERRARIN	I STRABELLI		
For further information			Name of Person		_
		ARGENTUM CAPITAL P	ARTNERS LLC		
:			Firm/Company	*···,	_
i :		321 PALMWOOD LN			•
			Address	<u></u>	
; }		KEY BISCAYNE, FL 3314	49		
) 			City/State and Zip Code	-	
•		DOUGLAS@SAGEWOOD			
		E-mail address: (to be used for future annual report	notification)	
For further	information co	encerning this matter, please or	all:		
DOUGLAS	S A FERRARI	NI STRABELLI	917 515-605; at ()	3	
	Name of	Person	Area Code Da	ytime Telephone Numb	er
Enclosed is	s a check for th	e following amount:			
■ \$2 5,000	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	eate of Status & ed Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H20000322 742 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THIN SEP 15 P 1:

ARGENTUM CAPITAL PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our rec	<u>07.04.</u>)
(A Florida Limited Liability Company)	

lorida document number L17000032604			
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited liab	ility company here	!
N/A :			
he new name must be distinguishable and contain the	vords "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1541 SUNSET DRIVE	
(Principal office address MUST RE A STREET ADDRESS)		SUITE 303	
		CORAL GABLES	, FL 33143
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1541 SUNSET DE	UVE
		SUITE 303	
		CORAL GABLES, FL 33143	
3. If amending the registered agent and/or egent and/or the new registered office address.	_		ords, enter the name of the new regis
Name of New Registered Agent:	2541 CT 01000	DRIVE, SUITE 303	
· · · · · · · · · · · · · · · · · · ·	1241 20N2B1		a street address
Name of New Registered Agent: New Registered Office Address:	1341 SUNSB1	Enser Florid	
;	CORAL GAB		, Florida ³³¹⁴³

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, Thereby confirm that the limited liability company has been notified in writing of this change.

d 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: #20000322742 3

MGR = Manager

AMBR - Authorized Member

Title	Name	Address	Type of Action
MGR	DANIEL DUARTE JEVAUX	330 NE 80TH TERR	□ Add
• • • •		MIAMI, FL 33138	■Remove
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Effective of	date, if other than the date of filing:	
(If an effective Note: If th	we 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 be date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed after the date on the Department of State's records.	.0201 ed as
ne record spoord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
,	08/20/2020	
Dated		
Dated		
Dated	Signature of a member of inthoraged representative of a member	

H2000372742 3
Filing Fee: \$25.00