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.

(((H17000062450 3)))



H170000524503ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (859)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## LINE CAPITAL LLC

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

2017 MAR -6 AH 9: 33
SIGRETARY OF STATE
TALLAHASSEE, FI ORIDA

2017 HAR-6 PM 2: 52

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAR - 7 2017

3052201440

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **QF**

H17000062450

LINE CAPITAL,LLC			
(Name of the Limited Liability (A Florida	ity Company at it new app a Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	FEBRUARY 22, 2017	and assigned
Florida document number L17000042480	.' 	•	198
This amendment is submitted to amend the following:		•	The state of the s
A. If amending name, enter the new name of the limi	ited liability company	<u>hore</u> :	Server Trans
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or the ab	breviation "L.L.G."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDR	ESS)		<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 agent and/or the new registered office addressed agent.  Name of New Registered Agent:	ered office address o ess here:	n our records, <u>enter t</u>	the name of the new
New Registered Office Address:	Enter Flo	orida street address	<del></del>
		. Florida	
	City	tiviwa	Zip Cade
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

Title	Name	Address	Type of Action
MGR	BRIO MANAGEMENT GROUP L	100 BAYVIBW DR APT 1704	□ Add
		SUNNY ISLES, FL 33160	■ Remove
			Change
MGR	DIEGO N VERZINO	100 BAYVIEW DR APT 1704	—————————————————————————————————————
		SUNNY ISLES, FL 33160	□ Remove
			Change
			Remove
			55 h
			PAdd F
			OR US
<u>-</u>			Add
	•		Remove
		□ Change	
<del>-</del>			
			□ Remove
			Change

3052201440

smending any other i	nformation outpushouss () k.s //		M17000082/
wittenering with office 1	nformation, enter change(s) here: (A	itach additional sheets, (fr	ecessary.)
	A control of the cont		
	,		
			· · · · · · · · · · · · · · · · · · ·
			THE AMERICAN
			55.50
			70.0
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		
			<u></u>
	· · · · · · · · · · · · · · · · · · ·		<del> </del>
<del></del>			, , , , , , , , , , , , , , , , , , ,
ctive date, if other that effective date is listed, the d	n the date of filing:  ate must be specific and cannot be prior to date o	f filing or more than 90 days aft	er filing.) Pursuant to 605.0207 (3)(b)
没 If the date inserted in i iment's effective date on	this block does not meet the applicable state the Department of State's records.	tutory tiling requirements, tr	is date will flot be listed as the
ecord specifies a de le 90th day after the	layed effective date, but not an ef	fective time, at 12:01	a.m. on the earlier of:
re soul day alter the	4 100014 15 111CG.		
MARCH 1,	2017		
	num		
X IV	Signature of a member or authorized re	presentative of a member	
		•	
V DIEL	ON VERZINO		_