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125909

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : REGISTERED AGENTS INC.
 Account Number : 120090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

****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
CAPITAL MINUTES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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RECEIVE
 2017 AUG 10 AM 11:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAPITAL MINUTES 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 6/8/17 and assigned Florida document number L17000125909.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3030 N. ROCKY POINT DR. STE 150A

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33607

Enter new mailing address, if applicable:

3030 N. ROCKY POINT DR. STE 150A

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33607

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3030 N. ROCKY POINT DR. STE 150A

Enter Florida street address

TAMPA

City

Florida

33607

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>	<u>Address</u>	<u>Type of Action</u>
MGR	VITAL, ELI EYAL	3030 N. ROCKY POINT DR. STE 150A	<input type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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