## 47000170568

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
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(D:	ocument Number)	
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O RRUCE AUG 17 2017

## **COVER LETTER**

TO: Registration Set Division of Cor				
SUBJECT:	T + 1 =	INVESTMENT	Capital, Lu	C
	Name of Lin	nited Liability Company	,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ALICIA	+ N. Tayl	in	
		Name of Person	Capital, LCC	
	630 App1	ewood Ase		
	Altamor	Address  He Springs,  City/State and Zin Code.	FL 32714	
		City/Stafe and Zip Clate  15 MY Veal  to be used for fluture annual report not	Ra amail. son	n_
For further information co	oncerning this matter, please c		AUG AUG	71
HUICIA	TAYLOR	at 407 516	4542 SSE	i i
Name of Enclosed is a check for the		Area Code Daytim	4542 SSEC TO THE TOTAL T	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

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

7:12	Investment Ca	pital, LLC
(Name of the Limited Limited Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on Aug 10, 20	17 and assigned
Florida document number <u>0003023749</u> 6	,0	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		the name of the new
Name of New Registered Agent:	<del></del>	=
New Registered Office Address:	Enter Florida street address	
<u></u>	, Florida	SSS = C
New Registered Agent's Signature, if changing Registered Agent	City <u>:</u>	Zip Code
Thereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	Amiliar with and if this document is

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 MGR	AUCIANTAY LOR	Address  630 Applewood Ave Made  Altamorie Springs R. 32714  Remove
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		Change
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Effective date, if	other than the dat listed, the date must be nserted in this block	specific and cannot be does not meet the	applicable stat	f filing or more tha utory filing requ	(optional n 90 days after fill frements, this da	ng.) Pursuant to 605.0	0207 d as
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Note: If the date in document's effection is the record special The 90th day	after the record  g 14  2. Lay	is filed.	017	2/a			

Page 3 of 3

Filing Fee: \$25.00