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(Requestor's Name)			
(Address)			
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(City/	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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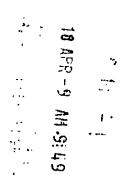


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COVER LETTER

TO: Registration Section — — — — — — — — — — — — — — — — — — —				
SUBJECT: First Capital Clobal Holdings LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Carlos A Ramos				
First Capital Global Holdings LLC				
4624 Sunset Pointe				
Destin, FL 32541 City/State and Zip Code				
Carlos, a. Cruz, ramos egmail, com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Caylos A Ramos at (949), 335-2987 Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate 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

The Articles of Organization for this Limited Liability Company were filed on December 14, 201 and assigned Florida document number <u>L</u>[] 000 2 55 9 44 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.I. C." Enter new principal offices address, if applicable: (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 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: Enter Florida street address Cirv

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>	Name	Address	Type of Action
MGRM	Carlos Ramos	4624 Sunsed Pointe	
		4624 Sunsel Pointe Destin FL 3254	Remove
			Change
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fective date, if other than the date of filing:	ල් (optional)
on effective date is listed, the date must be specific and cannot be prior to date of filester. If the date inserted in this block does not meet the applicable statuto occument's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier of
ared April 4 2018.	
	<del></del>
Signature of a member or authorized repres	sentative of a member

Page 3 of 3

Filing Fee: \$25.00