

LL80000 88455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

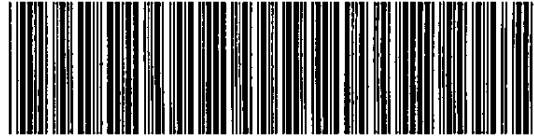
(Business Entity Name)

(Document Number)

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2018 MAY 14 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FACE CAPITAL ADVISORS 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:

MARTIN PROSPERI

\_\_\_\_\_  
Name of Person

FACE CAPITAL ADVISORS LLC

\_\_\_\_\_  
Firm/Company

2627 S BAYSHORE DR APT 1502

\_\_\_\_\_  
Address

MIAMI FL 33133

\_\_\_\_\_  
City/State and Zip Code

JMACCOUNTING@ATT.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO MORALES

786 457 6391  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FACE CAPITAL ADVISORS 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 04/03/2018 and assigned  
Florida document number L18000088455.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

MARTIN PROSPERI

2627 S BAYSHORE DR APT 1502

MIAMI FL 33133

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2627 S BAYSHORE DR APT 1502

MIAMI FL 33133

**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:

MARTIN PROSPERI

New Registered Office Address:

2627 S BAYSHORE DR APT 1502

*Enter Florida street address*

MIAMI

*City*

Florida

33133

*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	MARTIN PROSPERI REVOCABLE TRUST	2627 S BAYSHORE DR APT 15	<input type="checkbox"/> Add
		MIAMI FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTIN PROSPERI	2627 S BAYSHORE DR APT 15	<input checked="" type="checkbox"/> Add
		MIAMI FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2010 MAY 14 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2016 MAY 14 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If an effective 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 02, 2018.

Signature of a member or authorized representative of a member

Typed or printed name of signee