

48000105726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

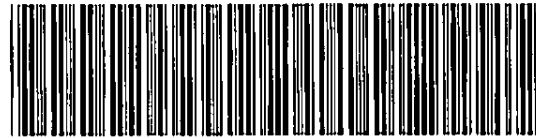
(Business Entity Name)

(Document Number)

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2018 OCT -8 PM 1:28  
STOCKHOLM  
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D. BRUCE  
OCT 08 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2018

JOEL EIDELSTEIN  
4100 N. MIAMI AVENUE, 2ND FLOOR  
MIAMI, FL 33127

SUBJECT: CAPHOUSE LLC  
Ref. Number: L18000105726

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2018 OCT - 8 PM 1:28  
STATE OF FLORIDA  
TALLAHASSEE, FL 32301

We have received your document for CAPHOUSE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you requested is unavailable, as it is being held for another entity pending corrections and resubmission.

An out-of-state corporation whose name is not available must adopt an alternate name for use in Florida. The alternate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate name in the space provided in number one of the application.

The document number of the name conflict is W18000079935.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 718A00019831

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAPHOUSE 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:

Joel Eidelstein

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

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

4100 N. Miami Avenue Second Floor

\_\_\_\_\_  
Address

Miami FL 33127

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

eidchi@gmail.com

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

For further information concerning this matter, please call:

Joel Eidelstein

305 5121124

at ( )

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

Area Code

Daytime Telephone Number

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 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

FILED  
2018 OCT - 8 PM 1:28  
TALLAHASSEE, FL 32301

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

CAPHOUSE 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 04/26/2018 and assigned  
Florida document number L18000105726.

This amendment is submitted to amend the following:

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

CAPHOUSE FINANCIAL LLC

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:

4100 N Miami Avenue Second Floor Miami FL 33127

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4100 N Miami Avenue Second Floor Miami FL 33127

(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:

Joel Eidelstein

New Registered Office Address:

3323 NE 163 Street PH 704

*Enter Florida street address*

North Miami Beach

Florida 33160

*City*

**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>
AMBR	DDLVCAP Inc	4100 N Miami Avenue Second Floor Miami FL 33127	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Osprey Financial LLC	4100 N Miami Avenue Second Floor Miami FL 33127	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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 September 7, 2018.

Signature of a member or authorized representative of a member

Joel Eidelstein

Typed or printed name of signee