S Colorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I20040000167

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Cma	1	1	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALGO CAPITAL, LLC

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T. CLINE

SEP 28 -

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALGO CAPITA	•			_
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears pility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company we	ere filed on	August 30, 2018	and	l assigned
Florida document numberL18000207799				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company her	<u>'e</u> :		
The new name must be distinguishable and contain the words "Limited Liability	Company," the des	rignation "LLC" or the abbi	eviation	a "L.L.C."
Enter new principal offices address, if applicable:				N-3
(Principal office address MUST BE A STREET ADDRESS)			-	CIT ?
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_				2
Enter new mailing address, if applicable:			· -	 .
(Mailing address MAY BE A POST OFFICE BOX)				3.
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-			est.	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on	our records, <u>enter t</u>	he na	ne of th
New Registered Office Address:	Enter Florid	la street address		
		. Florida		
		, FLOTIUM	Zip Co	

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
VP	Juan Herman	8804 NW 179 Lane	Add
· ·		Hinleoh, FL 33018	Remove
		<u> </u>	Change
VP	Victor Pruteanu	1324 N. Liberty Lake Rd	Add
		Liberty Lake, WA 99019	Remove
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e record : The 90th	specifies a delayed effecti a day after the record is fi	ive date, but not an effective time, iled.	, at 12:01 a.m. on the ear
ted	September 27	2018	
_	Signature	of a themper or authorized representative of a r	nember
	Rice	apro Bajandas, Authorized Representative	
-		Typed or printed name of signee	

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