

L18000217092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

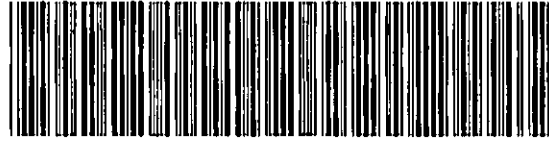
(Business Entity Name)

(Document Number)

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2019 FEB 28 PM 2:23

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Jhs
3-7-19

**TYLER A. GOLD, P.A.
CORNERSTONE 5
1250 S. PINE ISLAND RD.
SUITE 450
PLANTATION, FLORIDA 33324
(954) 565-5577
Fax 954-565-3399
tyler@tylergold.com**

February 27, 2019

VIA U.S. MAIL ONLY TO:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

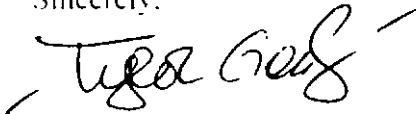
RE: ARTICLES OF AMENDMENT FOR L18000217092

Dear Sir/Madam,

Enclosed herewith you will kindly find Articles of Amendment, changing the name of A&S Private Lending LLC to A&S Capital Partners LLC, along with our firm's check in the amount of \$25.00.

Thank you for your anticipated courtesies and cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Tyler A. Gold", with a horizontal line extending from the end of the signature.

Tyler A. Gold, Esq.

TAG/acc

enclosures: as stated above

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&S PRIVATE LENDING 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:

TYLER A. GOLD, ESQ.

Name of Person

TYLER A. GOLD, P.A.

Firm/Company

1250 S. PINE ISLAND RD., #450

Address

PLANTATION, FL 33324

City/State and Zip Code

TYLER@TYLERGOLD.COM

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

For further information concerning this matter, please call:

TYLER A. GOLD, ESQ.

954

565-5577

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

A&S PRIVATE LENDING 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 09/12/2018 and assigned
Florida document number L18000217092.

This amendment is submitted to amend the following:

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

A&S CAPITAL PARTNERS 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:

(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

Florida

City

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
2019 FEB 28 AM 2:03
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2018 FEB 28 PM 2:23
SECURITY
TALLAHASSEE FLORIDA

FILED
2018 FEB 28 PM 2:23
SECRETARIAT OF THE
TALLAHASSEE COUNTY

E. Effective date, if other than the date of filing: _____ (optional)

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 FEBRUARY 27 2019

Signature of a member or authorized representative of a member

TYLER A. GOLD, ESQ.

Typed or printed name of signee