L19000014079

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:		ce Capital, LLC		
Name of Limited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Elizabeth Moses		
			Name of Person	
		Allister Place Capital, LLC	2	
			Name of Limited Liability Company dment and fee(s) are submitted for filing. e concerning this matter to the following: izabeth Moses Name of Person llister Place Capital, LLC Firm/Company //10 State Road 13 North Address cint Johns. Florida 32259 City/State and Zip Code noses@michaelsongroup.com & emoses@michaelsongroup.com E-mail address: (to be used for future annual report notification) ning this matter, please call: at (904 880-0000 National Position of Posit	
		4710 State Road 13 North		
			Address	
		Saint Johns, Florida 32259	9	
				···
				•
For further	information c	h-mail address: (oncerning this matter, please co	_	notification)
Elizabeth N			904 880-0000)
-	Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-

Allister Place Capital, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appear Liability Company)	rs on our records.)
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{01}{2}$	/10/2019 and assigned
Florida document number L19000014079			10
This amendment is submitted to amend the following	lowing:		ally assigned.
A. If amending name, enter the new name of	f the limited liab	ility company he	ere:
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	rahle:	4710 State Road	i 13 North
(Principal office address MUST BE A STREI		Saint Johns, Flo	rida 32259
Enter new mailing address, if applicable:		4710 State Road	i 13 North
(Mailing address MAY BE A POST OFFICE BOX)		Saint Johns, Flo	rida 32259
		 	
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre		address on our r	ecords, <u>enter the name of the new reg</u> istered
Name of New Registered Agent:	(NA-No change	e to name change	e address only)
New Registered Office Address:	4710 State Roa	d 13 North	
	Enter Florida street address		
	Saint Johns		, Florida ³²²⁵⁹
		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 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>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
			
			□Remove
			[]Change
			
			□Remove
			Change

feetive date, if other than the date of filing: 19/27/2020					
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