

L190000 5617Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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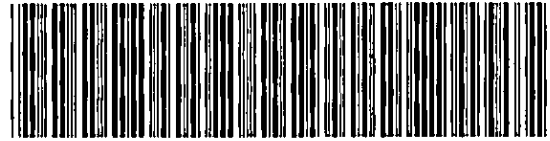
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACTIVE CAPITAL HOLDINGS, 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:

ALEJANDRO FERNANDEZ

Name of Person

ACTIVE CAPITAL HOLDINGS, LLC

Firm/Company

29224 SW 142ND PL

Address

HOMESTEAD, FLORIDA 33033

City/State and Zip Code

celsart2@yahoo.com

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

For further information concerning this matter, please call:

ARTHUR J. LEWIS

954 651-8687
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 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**

ACTIVE CAPITAL HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 26, 2018 and assigned
Florida document number L190000056172.

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)

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>
AMBR	ALEJANDRO FERNANDEZ	29224 SW 142ND PL. HOMESTEAD, FL 33033	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ARTHUR J. LEWIS	29224 SW142ND PL HOMESTAED, FL 33033	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AUSBERTO HIDALGO	302 NW 179TH AVE #103 PEMBROKE PINES, FL 33029	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL 32301

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JALAPA, MEXICO

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ST. JAMES FLORIDA
ITALY

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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 AUGUST 17 2020

Signature of a member

Signature of a member or authorized representative of a member

ARTHUR J. LEWIS

Typed or printed name of signee