

L19000233Ldd

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

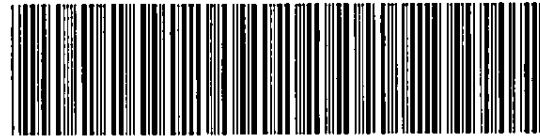
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J. HORNE

FEB - 3 2025

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01/31/25--01014--007 **25.00

FILED
2025 JAN 31 AM 10:47

RECEIVED
2025 JAN 31 PM 1:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EQUITY LENDING SOLUTIONS 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:

Gabriel Sultan

Name of Person

Alto Capital

Firm/Company

12000 Biscayne Blvd Suite 400

Address

Miami FL 33181

City/State and Zip Code

gabriel@altocapital.com

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

For further information concerning this matter, please call:

Gabriel Sultan

786

543-1305

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

FILED
2025 JAN 31 AM 10:48
FBI - ALBUQUERQUE

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

This amendment is submitted to amend the following:

Alto Capital LLC

12000 Biscayne Blvd Suite 400

Miami Fl 33181

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

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> |
|--------------|-----------------------------|-------------------------------|--------------------------------------------|
| MGR | Alto Capital Management LLC | 12000 Biscayne Blvd Suite 400 | <input type="checkbox"/> Add |
| | | Miami FL 33181 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 12/31/2024 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 31 2024

Signature of a member or authorized representative of a member

Gabriel Sultan

Typed or printed name of signee

Filing Fee: \$25.00