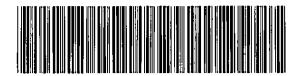
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(Requestor's Name)	•
(4.11)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		pital Advisors LLC			
SOBJEC		Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	_		
		Michael J Harakal			
			Name of Person		
		Recognition Capital LLC	;		
Firm/Company					
		3378 Pacific Dr			
			Address	 	
		Naples, FL 34119			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		recognitioncapital@gmail.c			
			to be used for future annual report notif	heation)	
For furthe	er information c	oncerning this matter, please c	all:		
Michael	Harakal		239 228-2517 at ()		
	Name o	f Person		e Telephone Number	
Enclosed	is a check for th	ne following amount:		٠	
□ \$2 5.0	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 Addres	<u>s:</u>	Street Address:		

TO:

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

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

	City	Zip Code	
		lorida	
negative office hades.	Enter Florida street address		
New Registered Office Address:			
Name of New Registered Agent:			
	z.		
If amending the registered agent and/or registe gent and/or the new registered office address her		r the name of the new register	
		· · · · · · · · · · · · · · · · · · ·	
<u>Mailing address MAY BE A POST OFFICE BOX</u>		<u> 5</u> n: 22	
		, υ <u>ν</u>	
Enter new mailing address, if applicable:			
		<u> </u>	
Principal office address MUST BE A STREET AD	DRESS)	20.31	
nter new principal offices address, if applicable:		A A	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LD	C" or the abbreviation "LTC."	
ECOGNITION CAPITAL LLC		CT - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
If amending name, enter the new name of the l	imited liability company here:		
This amendment is submitted to amend the following			
lorida document number L20000013237	·		
he Articles of Organization for this Limited Liability	y Company were filed on	and assigned	
	1/6/2020		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our recordida Limited Liability Company)	rds.)	
ECLIPSE CAPITAL ADVISORS LLC			

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 **Type of Action** Address **Title** Name | □Add __ Remove _____ DChange Remote AK II: 0ve __ Change □Add __ 🗆 Remove _ Change Remove ____ Change

__ 🗀 Add

□Remove

Page 2 of 3

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ffective date, if other than t	be date of filing:			_(optional)	
an effective date is listed, the date is ote: If the date inserted in this ocument's effective date on the	block does not meet the	applicable statut	iling or more than 90 d tory filing requireme	ays after filing.) Pursua nts, this date will no	nt to 605.02 t be listed
e record specifies a delay The 90th day after the re		ut not an effe	ective time, at 1	2:01 a.m. on the	e earlier
ated MAY t	2020	_ .			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00