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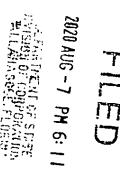
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

Registration Section

TO:

| Division of Cor  | porations   | ٠.                                      |  |
|--|---|---|--|
| FULCRUM  | I CAPITAL PARTNERS LLC  | ,                                       |  |
| SUBJECT:   | Name of Lim   | ited Liability Company                  |  |
| 0  | hannes are  | Lad locked                              |  |
|  |   |   |  |
| The enclosed Articles of Amendment and fec(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ERIC FIEDLER  Name of Person  FULCRUM CAPITAL PARTNERS LLC  Firm/Company  478 E ALTAMONTE DR #108-707  Address |   |   |  |
| Please return all correspo   | indence concerning this matter  | to the following:                       |  |
|  | ERIC FIEDLER  |   |  |
|  |   | Name of Person                          | <u>.</u>                               |
|  | Name of Limited Liability Company  Changes are hills heed.  enclosed Articles of Amendment and fee(s) are submitted for filing.  e return all correspondence concerning this matter to the following:  ERIC FIEDLER  Name of Person  FULCRUM CAPITAL PARTNERS LLC  Firm/Company  478 E ALTAMONTE DR #108-707  Address  ALTAMONTE SPRINGS, FL 32701  City/State and Zip Code  ERIC@INVESTFULCRUM.COM  E-mail address: (to be used for future annual report notification)  urther information concerning this matter, please call:  C FIEDLER  Name of Person  Daytime Telephone Number |   |  |
|  |   |   |  |
|  | 478 E ALTAMONTE DR  | #108-707                                |  |
|  |   | Address                                 | <del></del>                            |
|  | ALTAMONTE SPRINGS   | , FL 32701                              |  |
|  |   | City/State and Zip Code                 |  |
|  | ERIC@INVESTFULCRUM  | M.COM                                   |  |
|  | E-mail address: (   | to be used for future annual report not | ification)                             |
| For further information c  | oncerning this matter, please c   | all:                                    |  |
| ERIC FIEDLER   |   |   |  |
| Name o   | f Person  | at ()<br>Area Code Daytin               | ne Telephone Number                    |
|  |   | ·                                       | ·                                      |
| Enclosed is a check for the  | ne following amount:  |   |  |
| ■ \$25.00 Filing Fee   | <del>-</del>  | Certified Copy                          | Certificate of Status & Certified Copy |
|  |   |   |  |
| <del>-</del>   |   |   |  |
| P.O. Box 632   |   | The Centre of                           | •                                      |
| Tallahassee, 1   |   |   | oe Street, Suite 810                   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FULCRUM CAPITAL PARTNERS LLC  |   |  |  |
|---|---|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited)   | iny as it now appears on our records.) Liability Company) |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000158301</u> | were filed on 06/09/2020 The property and signed          |  |  |
| This amendment is submitted to amend the following:   |   |  |  |
| A. If amending name, enter the new name of the limited liab   |   |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi                                   | -   |  |  |
| Enter new principal offices address, if applicable:   | 478 E ALTAMONTE DR #108-707                               |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | ALTAMONTE SPRINGS, FL 32701                               |  |  |
|   | 479 C 41 T 4 M X N V T C DD 4400 707                      |  |  |
| Enter new mailing address, if applicable:   | 478 E ALTAMONTE DR #108-707                               |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | ALTAMONTE SPRINGS, FL 32701                               |  |  |
|   |   |  |  |

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:

UNIC CICNI CD

| Name of New Registered Agent:  | ERIC PIEDLIK                 |                            |  |
|--------------------------------|------------------------------|----------------------------|--|
| New Registered Office Address: | 478 E ALTAMONTE DR #108-707  | 7                          |  |
| New Registered Office Address. | Enter Florida street address |                            |  |
|                                | ALTAMONTE SPRINGS            | . Florida <sup>32701</sup> |  |
|                                | 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>   | Address                     | Type of Action |
|--------------|---------------|-----------------------------|----------------|
| AMBR         | RECCA, JUSTIN | 478 E ALTAMONTE DR #108-707 | □Add           |
|              |               | ALTAMONTE SPRINGS, FL 32701 | □Remove        |
|              |               |                             |                |
| AMBR         | FIEDLER, ERIC | 478 E ALTAMONTE DR #108-707 |                |
|              |               | ALTAMONTE SPRINGS, FL 32701 | □ Remove       |
|              |               |                             | ■Change        |
|              | <del></del>   |                             | □ Add          |
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| fective date, if other than the dat   | e of filing:                 |                                       | (ontional)                          |               |
| fective date, if other than the dat<br>in effective date is listed, the date must be<br>ote: If the date inserted in this block | specific and cannot be prior | o date of filing or more than         | 190 days after filing.) Pursuant to | o 605.0207    |
| cument's effective date on the Depar  | tment of State's records.    | oic statutory filing requi            | rements, this date will not be      | e fisted as   |
|   |                              |                                       |                                     |               |
| ecord specifies a delayed effective da is filed.  | te, but not an effective tir | ne, at 12:01 a.m. on the              | earlier of: (b) The 90th day        | after the     |
| ALIGHST 4   | 2020                         |                                       |                                     |               |
| AUGUST 4  |                              | •                                     |                                     |               |
| ated A000314  |                              | <del></del>                           |                                     |               |
| ared  | nature of a member or autho  |                                       |                                     | _             |