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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Charles and Corn	Capital Group L.L.C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	Taulant Bytyqi		
		Name of Person	
	Lion Heart Capital Group	L.L.C	
		Firm/Company	
	110 E. Broward Blvd Suite	: 1705	
		Address	
	Fort Lauderdale, FL 33301		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	taulantii.bytyqi@gmail.com		
		to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
Taulant Bytyqi		786 7055074 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632		Division of Cor The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Lion Heart Capital Group L.L.C.

(XFI	iability Company as it now appears on our records.) lorida Limited Liability Company)	. ,
The Articles of Organization for this Limited Liabili Florida document number L21000331873		and assigned
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
3. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter th</u> <u>re</u> :	e name of the new regis
3. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent:	ered office address on our records, <u>enter th</u> re:	e name of the new regis
ngent and/or the new registered office address her	<u>re</u> :	e name of the new regis
	tered office address on our records, enter the re: Enter Florida street address , Flori	

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

Title	<u>Name</u>	Address	Type of Action
MGR	Taulant Bytyqi	110 E. Broward Blvd Suite 1705. Fort Lauderdale.	
			□Change
			□Add
			□Remove
		<u> </u>	□Change
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fan effe <u>Note:</u> I	ve date, if other than the date of filing:
	}
record d is file	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
Yatad	07/30 . 2011.
zaicu _	
Jaicu _	53/7
Jaica _	Signature of a member or authorized representative of a member