

# L23000116908

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

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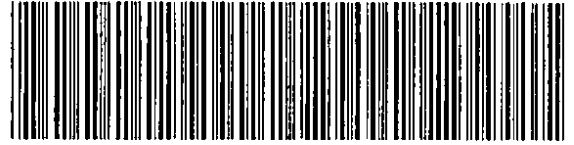
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(Business Entity Name)

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VW



*Emanuel N. Anton, P.C.  
t 303.801.1100  
emmanuel@antonammar.com*

July 14, 2023

***VIA FIRST-CLASS MAIL***

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

**Re: Articles of Amendment to Articles of Organization of AEQUITY CAPITAL LLC  
Florida Document Number: L23000116908**

Dear Sir or Madam:

Enclosed, for filing with your office, is a signed copy of Articles of Amendment to the Articles of Organization of AEQUITY CAPITAL LLC. I have also enclosed a check, in the amount of \$25.00, payable to "Florida Department of State" for the filing fee associated with this request. Please return a filed copy of the Amendment and any related documents to the following:

Stacie Heinen, Paralegal  
c/o Anton Ammar, PLLC  
600 17<sup>th</sup> Street, Suite 2800S  
Denver, CO 80202

Should you have any questions or require anything further to complete this filing, please do not hesitate to contact Stacie Heinen, Paralegal, at (303) 801-9859. Thank you for your assistance and attention to this matter.

Very truly yours,

Emanuel N. Anton, P.C.

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: AEQUITY CAPITAL LLC**

\_\_\_\_\_  
 Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Stacie Heinen**

\_\_\_\_\_  
 Name of Person

**Anton Ammar, PLLC**

\_\_\_\_\_  
 Firm/Company

**600 17th St., Suite 2800S**

\_\_\_\_\_  
 Address

**Denver, CO 80202**

\_\_\_\_\_  
 City/State and Zip Code

**emanuel@aequity.io**

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

For further information concerning this matter, please call:

**Stacie Heinen**

**303**

**801-9859**

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

AEQUITY CAPITAL, L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on March 6, 2023 and assigned Florida document number 1.23000116908.

**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)**

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

**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**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 7/10/2023

-DocuSigned by:

EMANUEL ANTON

Signature of a member or authorized representative of a member

**Emanuel Anton, Manager**

Typed or printed name of signee

**Filing Fee: \$25.00**