M1000000 3161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

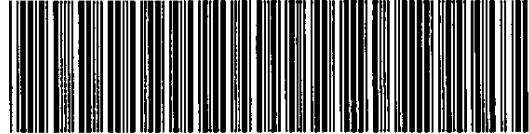(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section
     Division of Corporations

SUBJECT: __ALGON CAPITAL LLC__
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

__PAUL RUBIN__
Name of Person

__ALGON CAPITAL LLC__
Firm/Company

__2021 NE 209th STREET__
Address

__MIAMI, FL 33179__
City/State and Zip Code

__PRUBIN@ALGONGROUP.COM__
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__PAUL RUBIN__ at (__215__) __570-8716__
Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: __Algon Capital, LLC__

Enter new principal office 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) _____

_____

2. The Florida document number of this limited liability company is: __M10000003161__

3. Jurisdiction of its organization: __GA__

4. Date authorized to do business in Florida: __7/15/10__

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: __TROY T. TAYLOR__

New Registered Office Address: __2457 Collins Ave -PH 2__
                                        Enter Florida Street Address

__MIAMI BEACH__, Florida __33140__
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.

__Troy T Taylor__
If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐ Remove
_____	_____	_____	☐Add
		_____	☐ Remove
_____	_____	_____	☐Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.   *Not REQUIRED*

_____
Signature of the authorized representative

PAUL F. RubiN
_____
Typed or printed name of signee

Filing Fee: $25.00

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