2000 UNIFORM BUS	INE22 KEPÜ	ķΙ	(Obi	on,
DOCUMENT # M99000002083				APPROVED
1. Entity Name				FILEO
ORTALEZA CAPITAL GROUP, LLC				00 MAR 20 AM 10: 31,
Principal Place of Business	Mailing Address			SECRETARY
				SECRETARY OF STATE FALLAHASSEE, FLOAIDA
			•	
	,			0 2130
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
Suck 2000				
City & State MIAMI FL	City & State			4. FEI Number Applied For Not Applied by Not Applied For
Zip Country	Zip	Cour	by	5 Certificate of Status Desired 55.00 Additional
53130 USA 6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
			Name	8
Enrique Kaufer			Street A	t Address (P.O. Box Number is Not Acceptable)
Enrique Kaufer 80 BW 9th St., So	ulte 2000			
Miami, FL 33130	`	•	City	FL Zip Code
The above named entity submits this statement for		egister	ed office O	
		•		
SIGNATURE Signature, typed or printed name of registered agent	and tide if applicable (NOTE.	Registere	1 Agent signet	preliure required when reinstating) OATE
	FILE NO			\$56 m
	Make Chack Pay	12 4 1	to the Cold	######################################
9. MANAGING MEME	ERS/MEMBERS	10		ADDITIONS/CHANGES
DITLE .	☐ Defete · · ·	δ III LI		
NAME STREET ADOPESS		MAM :	et adoress	ENRIGHT KANFOL SOS
CITY-ST-ZP			-ST-ZIP	ENRIGHT MEHBOL Change Addition ENRIGHT VANFOR SS SGOO COLLINS AND # SOS MIAMIFL 33140
TITLE	☐ Delete	TITL!	^	Change Addition C
NAME STREET ADDRESS			ET ADDRESS	ss
CITY-ST-ZIP		1	-ST-ZIP	☐ Change ☐ Addition
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STREET ADDRESS			et address -st- <i>t</i> ip	S 2000031959321 -04/04/0001099016 ******50.00 神概論50週編編
TITLE		ากเ		******SO.DO ***********************************
NAME	_ ,	NAM		
STREET ADDPESS CITY-ST-ZIP			et adoress ·ST-zip	155
TITLE	☐ Delete	TITL		☐ Change ☐ Addition
NAME STREET ADDRESS		NAM STRE	ET ADDRESS	s
CITY-ST-ZIP	-	1	-ST-ZIP	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			ET ADDRESS	s
CITY-S7-ZP			ST-ZIP	Annual Control of Cont
11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE	ENEIQUE	CA.	FEL	2 3/15/00 305-423-7060
SIGNATURE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING MANAGING M	_		ER Date Daytime Phone 4