## P100000 98923

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HYBRID CAPITA	L GROUP, INC	<del></del>		
	BER: P10000098923				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this mat	Her to the following:			
	LINDA TURNER				
		Name of Contact Persor			
	HYBRID CAPITAL GROUP				
	Firm! Company				
	1521 ALTON ROAD, #528				
	Address				
	MIAMI BEACH, FL 33139				
	City/ State and Zip Code				
	LATURNER@HYBRIDCG.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
LINDA TURNER		858 at (	951-4440		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtiment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	illing Address mendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303		

## Articles of Amendment to Articles of Incorporation of

HYBRID CAPITAL GROUP, INC

(Name of Cornoration a	s currently filed with the Florida Dept. of State)	
P10000098923		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Staits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corpo	ration:	
	2 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	"Co". A professional corporation name must conte	ion Corp., iin the word
B. Enter new principal office address, if applicable:	1688 Meridian Avenue	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SSS</u> ) Suite 700	
	Miami Beach, Fl. 33139	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	2020 .'
		***
		<del></del>
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		#: 3]
Name of New Registered Agent NA		
	(Florida street address)	<del></del>
New Registered Office Address:	, Florida	
	(City) (Zi <sub>l</sub>	Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	r <mark>ed Agent:</mark> I familiar with and accept the obligations of the position	
Signature	of New Registered Agent, if changing	<del></del>
Chack if annlicable		

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	SD	LINDA LUJAN	1521 ALTON ROAD #528
Add			MIAMI BEACH, FL 3319
X Remove			
2) Change	SD	LINDA TURNER	1521 ALTON ROAD #528
X Add			MIAMI BEACH, FL 33139
Remove 3.) Change			
Add			
Remove			
4) Change	•		
Add			
Remove			<u> </u>
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	e e e				
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				· -		
<u>lf an amendment pro</u>	ovides for an exchai	nge, reclassifica	tion <u>, or cancella</u>	tion of issued sh	ares.	
provisions for imple (if not applicable	menting the amend	dment if not con	<u>tained in the an</u>	<u>iendment itself:</u>		
(if not applicable	v. indicate N/A)					
						• •
	<u> </u>					<del></del>

The date of each amendment		, if other than the
late this document was signed	Na	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirement the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amere sufficient for approval.	endment(s)
	te approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of vote:	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	17, 2020	
SU	by a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	LINDA TURNER	
	(Typed or printed name of person signing)	
	CORPORATE SECRETARY	
	(Title of person signing)	