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O SIMMONS JAN 16 2020

COVER LETTER

TO: Registration Division of C	Section Corporations		
0.445 111400	RIGHT CAPITAL LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Rafael Benavente		
		Name of Person	
	BRIGHT CAPITAL		
		Firm/Company	
	1001 BRICKELL BAY DI	RIVE	
		Address	
	MIAMI FLORIDA 33131		
		City/State and Zip Code	N-1
	RAFAEL@BRIGHTCAPI	FAL.US to be used for future annual report noti	fication)
For further information	on concerning this matter, please c		
RAFAEL BENAVE	NTE	609 287-7400 at ()	
Nar	ne of Person		e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fed	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Sc Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1	HCS	RRIGHT	CAPITAL	110
	11(2,7)	1310111111	CATELIAN.	1 1

(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 1/8/2019 and assigned Florida document number L19000009498 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HICS CAPITAL ELC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above 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) 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: RAFAEL BENAVENTE Name of New Registered Agent: 1001 BRICKELL BAY DRIVE 32ND FLOOR New Registered Office Address: Enter Florida street address _, Florida 33131 Zin Code MIAMI

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			DE SRemove 1 1 1 1 1 1 1 1 1
			MADE SECRETAL SASSEE, FL
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			□Change
			□Add
			□Remove
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		- .	□Remove
			□Change
			□Add
			□ Remove
			□Change

	WANT TO CHANG	E THE NAME OF	THE LLC TO: H	ICS CAPITAL LL				
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