# L19000064549

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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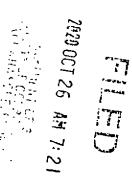


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DEC 0 4 2020 S. YOUNG



## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	CAP DICE	Chains Lic	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Malia Fleming Name of Person	
		Captured Chains	LLL
	9042 :	5W 19th st Mirar	nar, ft 33025
		Miramar, FL 38025 City/State and Zip Code	)
	Maliaf E-mail address: (	ieming 19@ amail to be used foculure annual report notif	ication)
For further information (	concerning this matter, please ca	all:	
Malia F	leming of Person	at ( <u>305</u> ) <u>502 - (of</u> Area Code Daytime	204 e Telephone Number
Enclosed is a check for t	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

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Capturd Chains (Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.)  ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1900064549</u> .	were filed on March 10, 2019 and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	9042 SW 19th St Miramar, 12 33025
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	9042 SW 19th St Miramar, FL 32025
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Cocle

### 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 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>	Name	Address	Type of Action
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Filing Fee: \$25.00