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## **COVER LETTER**

SUBJECT:	GIGA CAPIT	TAL LLC			
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	James Gagel, Esq				
		Name of Person			
	JG Law PLLC				
		Firm/Company			
2525 Ponce de Leon Blvd. Suite 300					
	Address				
	Coral Gables, FL 33134				
	jesika@jgagel.com	City/State and Zip Code			
		to be used for future annual report notific	ration)		
For further information c	oncerning this matter, please ca	all:			
James Gagel, Esq		305 444-7775			
Name c	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$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)		

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

G	IGA CAPITAL LLC			
(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	r records.)	
The Articles of Organization for this Limited I Florida document number L19000146682	iability Company w	ere filed on $\frac{06/03/201}{}$	9a	nd assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ty company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:		<del>- "</del>	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ad	dress on our records.	CHANSSED STATES OF THE CORRECTION OF THE CORRECT	2021 0CT - 7 PM 2: we registered
Name of New Registered Agent:	James Gagel			
New Registered Office Address:	2525 Ponce de Lo	eon Blvd. Suite 300	or additions	
	0.1011	Enter Florida stree	ri adaress	
	Coral Gables	City	, Florida 33134	Code
		$\times uy$	L(p)	COUC

## 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 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>	<u>Address</u>	Type of Action
MGR	DIAZ, Dixie Renan Jr.	7345 SW 148th CT	<b>≡</b> Add
		Miami, FL 33193	□Remove
			□Change
			□Add
			□Remove
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ffective date, if of an effective date is lis	ther than the date of sted, the date must be speci	filing:	to date of tiling or m	ore than 90 days after f	nal) iling.) Pursuant to	605,0207 (
	erted in this block does e date on the Departmen			g requirements, this	date will not be	listed as t
record specifies a d d is filed.	elayed effective date, b	ut not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day a	after the
Dated	October 04	. 2021	_· .			
		V/ \ / /				

Filing Fee: \$25.00

Typed or printed name of signee