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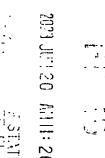
(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
Capital Tre	e Ventures 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:	
	Yamil Tapia		
		Name of Person	
		Firm/Company	
	8138 Cyers Lane		
	Orlando, FL 32822	Address	
	capitaltreeventures@gmail.c	City/State and Zip Code	~~
	E-mail address: (to be used for future annual report notification)	2023 JUN 20
For further information of	concerning this matter, please co	all:	
Yamil Tapia		407 4538803	
Name o	of Person	at () Area Code Daytime Telephone Nu	mber 37711: 26
Enclosed is a check for t	he following amount:		1
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy (tional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capital Tree Ventures LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited I Florida document number	Liability Company were filed o	n 06/10/21 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compar	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		F20
(Mailing address MAY BE A POST OFFICE BOX)		FF 26
B. If amending the registered agent and/or agent and/or the new registered office address.		our records, enter the name of the new registered
Name of New Registered Agent:	Karen Lopez	
New Registered Office Address:	8136 Cyers Lane	
		er Florida street address
	Orlando	Florida
	City	Zip Code

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 Logistered 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
AMBR	Karen Lopez		
		8136 Cyers Lane, Orlando, FL 32822	□ Add
			Remove
			□Change
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	the date of filings	5	1/23	(option:		_ -	
active date if other than	e must be specific and c	annot be prior to date	of filing or more tha	n 90 days after fil	ing.) Pursua	ınt to 605	.0207
reffective date is listed, the date	us block does not me	et the applicable s	latutory filing requ	urements, this d	ate will no	ot be list	ed as
neffective date is listed, the date te: If the date inserted in the	he Department of Sta	ate's records.					
effective date is listed, the date te: If the date inserted in the	he Department of Sta	ate's records.					
effective date is listed, the date te: If the date inserted in the cument's effective date on the	he Department of Sta		12:01 a.m. on the	earlier of: (b)	The 90th	day afte	r the
effective date is listed, the date te: If the date inserted in the cument's effective date on the ecord specifies a delayed effective.	he Department of Sta		12:01 a.m. on the	carlier of: (b)			r the
n effective date is listed, the date te: If the date inserted in the cument's effective date on the ecord specifies a delayed effective.	he Department of Sta		12:01 a.m. on the	earlier of: (b)			r the
n effective date is listed, the date te: If the date inserted in the cument's effective date on the ecord specifies a delayed effective.	he Department of Sta		12:01 a.m. on the	earlier of: (b)			
effective date is listed, the date te: If the date inserted in the current's effective date on the exercise specifies a delayed effective.	he Department of Sta	in effective time, a	12:01 a.m. on the	earlier of: (b)			
ective date, if other than a effective date is listed, the date is listed, the date is from the cument's effective date on the ecord specifies a delayed effective date.	he Department of Statestine date, but not a	in effective time, a				da 7273 Jiri 20 Jii 11: 26	