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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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TALLAHASSEE, FLORIDA

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COVER LETTER

| | Division of Co | | , | |
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| | | CAPITAL I.L.C | | · · |
| SUBJEC | Л: | Name of Lin | nited Liability Company | |
| | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | GONZALO DELGADILI | O LOPEZ | |
| | | | Name of Person | |
| | | DYKTIO CAPITAL LLC | | |
| | | | Firm/Company | |
| | 1076 BLACKWOLF RUN RD | | | |
| | | | Address | |
| | | CHAMPIONS GATE, FL | 33896 | |
| | | | City/State and Zip Code | |
| | | GONZALO711@GMAIL.G | | · |
| 1 2 | | | to be used for future annual report not | dication) |
| For furth | er information o | concerning this matter, please c | all: | |
| GONZALO DELGADILLO | | 407 790-2038 at () | | |
| | Name o | f Person | | e Telephone Number |
| Enclosed | is a check for t | he following amount: | | |
| ≣ \$25,6 | 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 Addres | | Street Address: | |
| Registration Section Division of Corporations | | Registration Se Division of Cor | | |
| | P.O. Box 632 | | The Centre of T | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | OF | F. 22 |
|--|--|--|
| | | 22 MAY -3 LLAHASSE |
| DYKTIO CAPITAL LLC | | on our records.) |
| (Name of the Lim | ited Liability Company as it now appears of (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited I | Liability Company were filed on $\frac{11/23}{2}$ | /2021 and assigned |
| Florida document number 1.21000502996 | · | J30 AIDA |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company here | ; |
| | | · · · · · · · · · · · · · · · · · · · |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the desi | gnation "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: | | |
| (Mailing address MAY BE A POST OFFICE | EBOX) | |
| | | |
| | | |
| B. If amending the registered agent and/or | registered office address on our reco | ords, enter the name of the new registered |
| agent and/or the new registered office addre | | |
| | | |
| Name of New Registered Agent: | GONZALO DELGADILI O LOPEZ | |
| New Registered Office Address: | 1076 BLACKWOLF RUN RD | |
| | Enter Florida | street address |
| | CHAMPIONS GATE | , Florida 33896 |
| | 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 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 |
|--------------|--------------------------|--------------------------|----------------|
| AMBR | GONZALO DELGADILLO LOPEZ | 1076 BLACKWOLF RUN RD | = Add |
| | | CHAMPIONS GATE, FL 33896 | □Remove |
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| | e must be specific and | cannot be prior to date | e of filing or more than t | (optional) 90 days after filing.) | Pursuant to 6 | 505,0207 |
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