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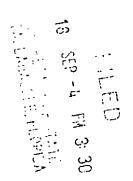
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
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100 S. Biscayne Blyd Suite 300. Miami, FL 33131 Phone: (786) 871-4247 – E-Mail: <u>info@wincapitalusa.com</u> Web: www.wincapitalusa.com

Win Capital, LLC
Alberto Mazatan Trevino
100 S Biscayne Blvd, Suite 300
Miami, Fl 33131
If you have any questions please contact Alberto Mazatan
Trevino at 786-871-4247.
Thank you.
Sincerely,
Win Capital, LLC

Phone: (786) 874-4247 E-Mail: <u>info@wincapitalusa.com</u>

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDIE		A CAPITAL INVESTMENTS	S, LLC	
SUBJE	C1:	Name of Lim	nited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ALBERTO MAZATAN T	REVINO	
			Name of Person	•
		QUANTUM CAPITAL IN	IVESTMENTS, LLC	
			Firm/Company	<del></del>
100 S. BISCAYNE BLVD, SUITE 300				
			Address	
		MIAMI, FL 33131		Code  Code  Daytime Telephone Number  Fee & S60.00 Filing Fee, Certificate of Status &
		ALBERTOM@WINWINM	City/State and Zip Code IS.COM	
		E-mail address: (	to be used for future annual report notifi	ication)
For furth	er information co	oncerning this matter, please ca	all:	
ALBERTO MAZATAN TREVINO 305 9226668				
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our re da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L18000171700	Company were filed on <u>07/17/2018</u>	and assigned
This amendment is submitted to amend the following:	the tis submitted to amend the following:  Inding name, enter the new name of the limited liability company here:  Inding name, enter the new name of the limited liability company here:  Inding name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC."  Inding address, if applicable:  Inding address, if applicable:  Inding address, if applicable:  Inding the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Inter Florida street address  Enter Florida street address	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  Articles of Organization for this Limited Liability Company were filed on O7/17/2018 and assigned did adocument number L18000171700 amendment is submitted to amend the following:  Famending name, enter the new name of the limited liability company here:  The manner must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or new principal offices address, if applicable:  Cipal office address MUST BE A STREET ADDRESS)  The new malling address, if applicable:  Cipal office address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		
The new name must be distinguishable and contain the words 'L	mited Liability Company," the designation	
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADL	DRESS)	2 8 7
Enter new malling address, if applicable:		
B. If amending the registered agent and/or reg		ords, enter the name of the new
registered agent anu/or the new registered bilice ad	uress nere:	
Name of New Registered Agent:		
New Registered Office Address:	Core Florida	11
	Enier Fiorida Sircei di	
	City	, Florida 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>	<u>Address</u>	Type of Action
MGR	ENZO G D'ANGELO	950 BRICKELL BAY DRIVE	
MGR			
		MIAMI, FL 33131	
			Remove
			☐ Change
	ALBERTO MAZATAN	218 SE 14TH STREET	
MGR	TREVINO		D Add
		MIAMI, FL 33131	<del></del>
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fective date, if other than the da	te of filing:		<b></b>	_ (optional)	
in effective date is listed, the date must be ote: If the date inserted in this block	does not meet the app	plicable statut	ling or more than 90 c ory filing requireme	lays after filing.) Pursuar ents, this date will not	it to 605.020 be listed a
cument's effective date on the Depa	rtment of State's recor	rds.			
record specifies a delayed e	ffective date hut	not an effe	ctive time lat 1	2:01 a.m. on the	earlier (
The 90th day after the record		not an ene	ctive time, at 1	2.01 8.111. 011 016	COINCI
, AUGUST, 16TH	2018				
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Page 3 of 3

Filing Fee: \$25.00