

**L20 000 351741**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

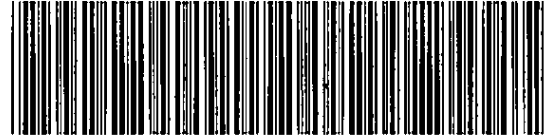
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2021 FEB -8 PM 6:30  
FILED  
MAR 26 2021  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Miotti Partners Capital, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Chuck  
Name of Person

Miotti Partners Capital, LLC  
Firm/Company

1802 N. Alafaya Trail ; Suite 160  
Address

Orlando FL 32826  
City/State and Zip Code

Sandra @ miottipartnerscapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Chuck at (407) 622 9939  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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**

Miotti Partners Capital, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 FEB - 8 AM 6:28

The Articles of Organization for this Limited Liability Company were filed on 11/02/2020 and assigned  
Florida document number L20000351741.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company 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 applicable: 1802 N. Alafaya Trail, Suite 160  
**(Principal office address MUST BE A STREET ADDRESS)** Orlando FL 32826

Enter new mailing address, if applicable: \_\_\_\_\_  
**(Mailing address MAY BE A POST OFFICE BOX)** \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Sandra Chuck

New Registered Office Address: 10922 Crescent Ridge Loop  
Enter Florida Street address  
Clermont, Florida 34711  
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CAMEL UP, LLC</u>	<u>4293 River Birch Drive</u>	<input type="checkbox"/> Add
		<u>Spring Hill, FL 34607</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>The Everest Group, Inc.</u>	<u>2022 Quaker Hollow Ln.</u>	<input checked="" type="checkbox"/> Add
		<u>Streamwood IL 60107</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Sam Kwak Capital, LLC</u>	<u>35721 West Ave., Suite 100</u>	<input checked="" type="checkbox"/> Add
		<u>Warrenville IL 60555</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Realvision Enterprises, LLC</u>	<u>1802 N. Alafaya Trail, Suite 160</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando FL 32826</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Willvimes Holdings, LLC</u>	<u>961 Denny Road</u>	<input type="checkbox"/> Add
		<u>Sugar Grove, IL 60554</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing:** 01/07/2021 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02/01, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SANDRA CHUCK  
\_\_\_\_\_  
Typed or printed name of signee