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	(Requestor's Name)
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- PICK-UF	WAIT MAIL
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TO:	Registration Se Division of Cor			. · • • • • • • • • • • • • • • • • • •
CHRIC		AL HOLDINGS LLC	•	s.
SUBJE	CI:		ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		PAUL ADRIANSE		
			Name of Person	
		A3 CAPITAL HOLDING	SLLC	
			Firm/Company	
		8490 CABIN HILL ROAL)	
			Address	
		TALLAHASSEE, FL 323	11	
			City/State and Zip Code	——————————————————————————————————————
		INFO@PROPLAYGROUN E-mail address: (NDS.COM to be used for future annual report no	otification)
For furt	ther information c	oncerning this matter, please c	all:	
PAUL	ADRIANSE		850 559-8799 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5,00 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 radditional copy is enclosed)
	Mailing Address Registration S	Section	Street Address: Registration S	
	Division of C	lorporations	Division of C	orporations

P.O. Box 6327

Tallahassee, FL 32314

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

FILED

A3 CAPITAL HOLDINGS LLC

2022 OCT 12 AM 9: 32

(Name of the Lim	nited Liability Company as it now appears on	cour records. DEURCHART OF STATE
	nited Liability Company as it now appears on (A Florida Limited Liability Company)	IALLAHASSEE, FL"
The Articles of Organization for this Limited 1	Liability Company were filed on <u>08/06/</u>	2021 and assigned
Florida document number L21000355367		
This amendment is submitted to amend the fol	llowing:	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
• • •		
(Principal office address MUST BE A STRE	<u>ETADDRESS)</u>	-
		
Enter new mailing address, if applicable:		
	E BOX)	
	E BOX)	
.,	E BOX)	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our reco	rds, enter the name of the new registe
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our reco	rds, enter the name of the new registe
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our recoress here:	rds, enter the name of the new registe
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our reco	rds, <u>enter the name of the new regist</u> e
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on our recoress here:	rds, enter the name of the new registo
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our recoress here: PAUL ADRIANSE	
	PAUL ADRIANSE 8490 CABIN HILL ROAD Enter Florida:	

I hereby accept the appointment as registered agent and agree to accin 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
MGR	ALANA ADRIANSE	8490 CABIN HILL ROAD	■Add
		TALLAHASSEE, FL 32311	□Remove
			☐ Change
MGR	AHNA ADRIANSE	8490 CABIN HILL ROAD	= Add
		TALLAHASSEE, FL 32311	□ Remove
			□Change
MGR	ANJALI ADRIANSE	8490 CABIN HILL ROAD	= Add
		TALLAHASSEE, FL 32311	🗆 Remove
			□Change
	•		□Remove
			☐Change
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n effective date is listed, the date must be spe te: If the date inserted in this block do	ecific and cannot be pr	ior to date of filing or	more than 90 days after	er filing.) Pursuan	at to 605,020 the listed a
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ecord specifies a delayed effective date, is filed.	, but not an effective	time, at 12:01 a.r	n, on the earlier of: (b) The 90th d	lay after the
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