## L06000086932

| (Requestor's Name)                      |         |
|---|---------|
| (Address)                               | <u></u> |
| (Address)                               |         |
| (City/State/Zip/Phone #)                |         |
|   | MAIL    |
|   |         |
| (Business Entity Name)                  |         |
| (Document Number)                       |         |
| Certified Copies Certificates of Status | s       |
| Special Instructions to Filing Officer: |         |
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A. PARISHANI AUG - 3 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 JUL 29 PH I2: 49 assigned
DEPARTMENT OF STATE
ENVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

3

CAPITAL MANAGEMENT SERVICES, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

|  | (A I londa Ellined El   | aomity Company)          |                      |                           |  |  |
|--|-------------------------|--------------------------|----------------------|---------------------------|--|--|
| The Articles of Organization for this Limited I  | Liability Company v     | were filed on            | 006                  | and assigned              |  |  |
| Florida document number L06000086932   | ·                       |                          |                      |                           |  |  |
| This amendment is submitted to amend the fol   | lowing:                 |                          |                      |                           |  |  |
| A. If amending name, enter the new name o  | of the limited liabil   | lity company here:       |                      |                           |  |  |
| CAPITAL MANAGEMENT SERVICES OF SO  | UTH FLORIDA, L.L        | C.                       |                      |                           |  |  |
| The new name must be distinguishable and contain the                                       | words "Limited Liabilii | ty Company," the designa | ation "LLC" or       | the abbreviation "L.L.C." |  |  |
| Enter new principal offices address, if applicable:  |                         | 800 NE 3rd AVE           |                      |                           |  |  |
| (Principal office address MUST BE A STRE   | ET ADDRESS)             |                          |                      |                           |  |  |
|  |                         | BOCA RATON, FL           | 33432                |                           |  |  |
| Enter new mailing address, if applicable:  |                         | 800 NE 3rd AVE           |                      |                           |  |  |
| (Mailing address MAY BE A POST OFFICE  | (BOX)                   |                          |                      |                           |  |  |
|  | <del></del>             | BOCA RATON, FL           | 33432                |                           |  |  |
| B. If amending the registered agent and/or agent and/or the new registered office address. |                         | ddress on our record     | ds, <u>enter the</u> | name of the new register  |  |  |
| Name of New Registered Agent:  | IGOR TEPLITS            | KY                       |                      |                           |  |  |
| New Registered Office Address:   | 800 NE 3rd AVE          |                          |                      |                           |  |  |
|  |                         | Enter Florida st         | reet address         |                           |  |  |
|  | BOCA RATON              | ·                        | , Floric             | da                        |  |  |
|  |                         | 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 | Membe |

| <u>Title</u> | <u>Name</u> | Address          | Type of Action |
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| ective date, if other than t   | he date of filin    | ng:                                    |                  |                                      | (option:        | al)                        |                            |
| ective date, if other than t<br>effective date is listed, the date is<br>e: If the date inserted in this | nust be specific an | d cannot be prior                      | to date of filin | g or more than 90<br>filing requirer | days after fili | ng.) Pursua<br>ite will no | nt to 605.0<br>t be listed |
| ument's effective date on the  |                     |  |                  | ٠.                                   |                 |                            |                            |
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| he 90th day after the r  |                     |  |                  |                                      | 22.02.01.       |                            |                            |
| ed July 17   |                     | 2024                                   |                  |                                      |                 |                            |                            |
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