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COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJI	CCT: LAN	CEWORTH CAPITAL LLC			
2020		ame of Limited Liability Company)			
The en	closed Articles of Amendment and fe	ee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the following:			
	Fernando M	I. Socol, Esq. (Name of Person)			
	Gerardin &	Soci DA			
	<u>Gerarum a</u>	(Firm/Company)			
633 NE 167 ST, Ste 501 (Address)					
	North Miam	ni Beach, FL 33162 (City/State and Zip Code)			
For fu	rther information concerning this mat	ter, please call:			
<u>Fern</u>	ando M. Socol, Esq. (Name of Person)	at (305) 653-0014 (Area Code & Daytime Telephone Number)			
. .	sed is a check for the following amou 5.00 Filing Fee \$30.00 Filing Certificate	Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,			
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA (Name of the Limited Li (A F	NCEWORTH CAPITAL LLC iability Company as it now appears on our record lorida Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liab	pility Company were filed on 01/03/2008	and assigned
Florida document number <u>L0800001111</u>	·	_
This amendment is submitted to amend the follow	ring:	OS HAN
A. If amending name, enter the new name of the	•	TASSEE
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the designa	ntion "LLC of the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>e</u> <u>ce address here</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida str	reet address)
	, Flori	·

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

- MGR = Manager

lanaging Member		
<u>Name</u>	Address	Type of Action
ROBINSON, Deborah P.	19235 Sabal Lake Dr. Suite 5111 Boca Raton, FL 33434	Add Remove
		Add Remove
		Add Remove
		Add Remove
		Add Remove
		Add Remove
· · · · · · · · · · · · · · · · · · ·	al & Business Address	08 HAR
to the following		5 5
	701 BRICKELL AVE	PH IZ: 34 EEF-LORID
	MIAMI FL 33/31	STATE S. LORIDA
Feb. 29, 20		
	ROBINSON, Deborah P. Ing any other information, enter change both Princip To the following Standard of a member	ROBINSON, Deborah P. 19235 Sabal Lake Dr. Suite 5111 Boca Raton, FL 33434 ling any other information, enter change(s) here: (Attach additional sheets, if necessary Change both Principal 3 Business Address Ho The Following address: 701 BRICKELL AVE SUITE 1550 MIAMI, FL 33131

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Filing Fee: \$25.00