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2023 JUN -5 AM 7: 21

Croshell Jo

COVER LETTER

TO:

	Registration Sec Division of Corp			
		tegies Group, LLC		
SUBJEC	J1:	Name of Limi	ited Liability Company	. .
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		David H. Simon		
			Name of Person	
		Capital Strategies Group, L	LC	
			Firm/Company	
		4238 Willow Bay Drive		
			Address	
		Winter Garden, Florida 34	787	
			City/State and Zip Code	
		dsimonbgo@gmail.com		1(0-2)(2-2)
For furth	ner information co	e-mail address: (i	to be used for future annual report no all:	arreanon)
David S	imon		407 234-3444 at ()	
	Name o	Person	Area Code Dayti	me Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$ 25.	.00 Filing Fee	S30.00 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 Addres		Street Address: Registration S	ection
	Registration S Division of C		Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capital Strategies Group, LLC

2023 JUH-5 AH 7: 26

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)	1
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 2/18/08	02/15/2008 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Vaulx Lane Partners, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	•		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office a	address on our records,	enter the name of the new	v registered
agent and/or the new registered office address here:			_
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar wit · 605, F.S. Or, if this docu	h and ment is

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
AMRP =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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