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EXAMINER

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SECULIARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRIATED CADITAL GROUP, 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:	
Luis Posaeio	
RELATED CAPITAL GROUP. LLC.	
18002 Richmond Place DR. #342	7-
TAMPA FL 33647 City/State and Zip Code	
1/0500 10 Ce ated Capital Froup. Con E-mail address: (to be used for future annual report notification)	\frown
For further information concerning this matter, please call:	
Name of Person at 407 371-9016 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301 - i

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company we Florida document number 11888857391	ere filed on5/2	27/2018	and ass	signed		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabilit	y company here:					
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the	designation "LLC		abbreviati		
Enter new principal offices address, if applicable:			2910			
(Principal office address MUST BE A STREET ADDRESS)		27 Lod 27 Lod 28 Zy 1		_71		
_		(の) 第一				
Enter new mailing address, if applicable:		FOR THE	P# 3	T U		
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>			
_						
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our reco	ords, enter the	name (of the ne		
Name of New Registered Agent:				<u></u>		
New Registered Office Address:	Enter Flori	ida street addres				
	Florida					

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGRM = Managing Member

Type of Action Title · <u>Address</u> <u>Name</u> MGRM □ Add Remove ← ☐ Add Remove Remove Add Remove Rémove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 200 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00