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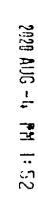
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COVER LETTER

TO: Registration Section Division of Corporations Preston Giuliano Capital Partners LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert J. Moriarty, Jr. Name of Person Marsh, Moriarty, Ontell & Golder, P.C. Firm/Company 99 Rosewood Drive Address Danvers, Massachusetts 01923 City/State and Zip Code moriarty@mmoglaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert J. Moriarty, Jr. Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □\$25 Filing Fee ☐ \$30 Filing Fee & ☐\$55 Filing Fee & ■ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & **Certified Copy**

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ction 605.0209, F.S., this document is being submitt		ocument.
FIRST	[: The n	ame of the limited liability company is:	and Capital Fallacis Life	
SECOND: THIRD:		The Florida Document number of the limited liab	ility company is:	
		Document to be corrected is:		
	Ś	CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE	STATEMENT
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:			
	Article VI incorrectly stated the merger to be effective on July 31, 2020.			
	The m	nerger will not be effective until August 5, 2020		
0	OR Was d	lefectively signed. The manner in which the docum	ent was defectively signed and th	e appropriate correction
	 OR			2020 AUG -4 SEMBER 1847
Ø	The el	ectronic transmission of the record was defective.	ariach.	1 € 500 E
New R I hereb provisi obligat reflect	ng the o egistere y accept ons of a tons of t	Signature of Authorized Representative ew registered agent, if applicable :(NOTE: if correctlesignation). d Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to a ill statutes relative to the proper and complete performy position as registered agent as provided for in the registered office address, I hereby confirm to	ting the registered agent, the new act in this capacity. I further agriculture of my duties, and I am fabouter 605 ES Or Willia documents	ee to comply with the uniliar with and accept the
	-	Registered Age	nt's Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	