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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

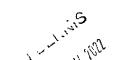
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capital Properties Florida LLC (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 were filed on 08/05/13 and assigned Florida document number L13000113548 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new 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 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 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AIGES, SAMUEL	5846 SOUTH FLAMINGO ROAD # 260	□Add
		Cooper City, FL 33330	⊠Remove
			□Change
MGRM	Lanier LLC	5846 SOUTH FLAMINGO ROAD # 260	⊠ Add
		Cooper City, FL 33330	□Remove
			□Change
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the record spe cord is filed.	eifies a delayed effective date	, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
Dated Sep	ptember 26	2022			
-	Signa	nure of a member or autho	orized representative of a	member	
ı					
_	Morgan Noble	Typed or printe	ed name of signee		

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Filing Fee: \$25.00