L14000041563

(Req	uestor's Name)	
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TO:

Registration Section

Division of Co	orporations		~	
	CAPITAL GROUP LLC	•	•	
SUBJECT:	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sub pondence concerning this matter	_		
	Juan L. Santos			
		Name of Person		
	Santos Capital Group LLC	;		
		Firm/Company		
	1221 Brickell Ave. Suite 9	000	# 60 	2020
		Address	5.3	AUG
	Miami, FL 33131		ASSE	22
	juanlsantos@gmail.com	City/State and Zip Code		2020 AUG 24 PH 2: 19
		to be used for future annual report noti	fication)	
For further information	concerning this matter, please of	all:	>	
Juan L Santos		305 303-4279		
Name	of Person		e Telephone Number	•
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fed Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTOS CAPITAL GROUP 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 3/12/2014 and assigned Florida document number <u>L14000041563</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FOLIONET FINANCIAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 tho new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

, Florida

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
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Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be	prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ocument's effective date on the Department of State's rec	applicable statutory filing requirements, this date will not be listed cords.
e record specifies a delayed effective date, bu	it not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
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August 3 , 2020 , .	· · · · · · · · · · · · · · · · · · ·
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Simulation of a market and	authorized representative of a member

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Filing Fee: \$25.00