L15000121332

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
ALLAHASSEE, FI DRIDA

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COVER LETTER

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TO:	Registration Division of C	Section , orporations		-	
		•			
	Capital C	Growth Inversiones, LLC			
SUBJE	CT:	Name of the	5. J. 1. 1. 22 C	 	
		Name of Lim	ited Liability Company		
The end	closed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please	return all corres	pondence concerning this matter	to the following:		
		Jed Hayden			
			Name of Person		
		Hayden Grant PLLC			
			Firm/Company		
		718 West Main Street, Sui	te 202A		
			Address		
		Louisville, KY 40202			
			City/State and Zip Code	<u> </u>	
		Jed@hayden-grant.com		201 SE TALI	
		E-mail address: (to be used for future annual report notifica-	ation)	"17
For fur	ther information	concerning this matter, please ca	all:	2015 JUL 23 SECRETARY ALLAHASSE	
Jed Ha	yden		502 638-2817	YOF P	M
	Name	e of Person	Area Code Daytime 1	Celephone Number 2	O
				39 10A	
Enclose	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capital Growth Inversiones, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our i Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 07-15-2015	and assigned
Florida document number L15000121332	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	"LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2015 JUL 23 SECHETARY
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		cords, enter the name of the ne
Name of New Registered Agent:) A
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida Zip Code
	Cuit	zip Coae

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

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>	<u>Address</u>	Type of Action
AMBR	Carlos Gonzales De La Barrera	3268 Allamanda Street	Add
		Miami, FL 33133	Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			☐ Add
			Remove SECRETA
			SSRY 23 Change
			OFFICE 39
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e: If the date inserted in this blooment's effective date on the Dep	k does not n	neet the app	licable statu	tory filing r	equirements	, this dat	te will not	be listed
intent's effective date on the Dep	artinent of S	state s recor	us.					
ecord specifies a delayed	effective c	iate but i	not an eff	ective tim	ne at 12·	01 a m	on the	earlie
ne 90th day after the reco			iot arr en	cctive till	ic, dt 12.	OI 4	. On the	Carne
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Filing Fee: \$25.00