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COVER LETTER

TO:		stration Sec sion of Corp							
411177.15		МТСР Сарі	ital LLC						
SUBJE	sci: ,		<u> </u>	lame of Limi	ited Liability Company				
The end	closed	Articles of	Amendment and fee	(s) are sub	mitted for filing.				
Please	return	all correspo	ndence concerning	this matter	to the following:				
			Frederick A. Lo	ve					
					Name of Person	-			
					Firm/Company				
			2255 Glades Ro	oad, Suite 1					
			-		Address				
			Boca Raton, Ff.	. 33431					
			flove@suttonpar	k com	City/State and Zip Code				
			1 ,		to be used for future annual report noti	fication)			
For fur	ther in	formation c	oncerning this matt						
Freder				•		0.01			
			f Person	at (<u>212</u>) <u>537-8806</u> Area Code Daytime Telephone Number					
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Enclos	ed is a	check for th	he following amour	ıt:					
		iling Fee	S30.00 Filing Certificate	Fee &	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assue FL 32314		STREET/COUR) Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTCP Capital LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 15000145083	were filed on 08/25/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
MTCP LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	47 Annfield Court	
(Principal office address MUST BE A STREET ADDRESS)	Staten Island, NY 10304	19 [
Trincipal Office address		FIL DEC 23 ARL JARY ARL SSE
Enter new mailing address, if applicable:	1451 Brickell Ave, #4203	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	
		2 2 2 - - 2 -
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, <u>re</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I fur e performance of my duties, an provided for in Chapter 605, I	a Fam jamular with and F.S. Or, if this document is

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 = M $MBR = A$	uthorized Member		
<u>l'itle</u>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
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			☐ Add
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1 amendin	g any other i	information, c	enter change	e(s) here:	(Attach adi	utionai s	heels, if n	ecessury.)		
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Note: If the	date inserted	han the date of date must be spe in this block do on the Departm	es not meet th	ne applicab	date of tiling e statutory t	or more the	n 90 days at	otional) iter filing.) Pu his date will	suant to 6 not be l	605.020 ¹ isted as
ne record The 90th	specifies a n day after	delayed effect the record is	ctive date, filed.	but not a	n effectiv	e time,	at 12:0:	l a.m. on	the ea	rlier o
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