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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

| | Registration Se Division of Cor | | | | |
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| SUBJEC | | HOLDINGS GROUP | | | |
| SUBJEC | | Name of Lim | ited Liability Company | , | |
| | | | | | |
| The encle | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | | |
| | | KORIN YASHAR | | | |
| | | | Name of Person | <u> </u> | |
| | | CAPITAL HOLDINGS GI | ROUP | | |
| | | | Firm/Company | - | |
| | | 4922 SW 33RD WAY | | | |
| | | | Address | | - |
| | | HOLLYWOOD, FL 33312 | 2 | | |
| | | | City/State and Zip | lode | |
| | | KORINYASHAR@GMAIL | | | |
| | | | to be used for future ar | nual report notifi | cation) |
| For furthe | er information c | oncerning this matter, please ca | all: | | |
| KORIN | YASHAR | | 718 at (| 216-3115 | |
| Name of Person | | | Area Code | Daytime | Telephone Number |
| Enclosed | is a check for th | ne following amount: | | | |
| \$25.0 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing l Certified Cop (additional copy | ły . | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Regi Divi Clift 2661 | EET/COURIE stration Section son of Corpora on Building Executive Cen thassee, FL 323 | itions iter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL HOLDINGS GROUP

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompanylas sited Liabili | it now appears on our records.) ty Company) | |
|---|-----------------------------------|---|-------------------------------------|
| The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.16000116929}{}$. | oany were | e filed on 12/15/2017 | and assigned |
| 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 I | Liability Co | ompany," the designation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | 333 | 89 SHERIDAN STREET, #122 | |
| (Principal office address MUST BE A STREET ADDRESS | <u>s)</u> | DLLYWOOD, FL 33021 | - 8 CL 8 |
| | 1 | · · · · · · | AH ARETA |
| Enter new mailing address, if applicable: | 33: | 89 SHERIDAN STREET, #122 | ILEO RY OF SSEE. F |
| (Mailing address MAY BE A POST OFFICE BOX) | н | DLLYWOOD, FL 33021 | i. S.1. |
| | | | Z9 |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: | | | ie name of the new |
| | | Enter Florida street address | |
| | | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | ì | ς iņ | rap conc |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | agree to dete perf as provi | ormance of my duties, and I am fai ded for in Chapter 605, F.S. Or, if | miliar with and this document is |
| īf | Changing | Registered Agent, <u>Signature of New Regi</u> | stered Agent |

Page 1 of 3

| MGR = AMBR = | Manager Authorized Member | | |
|-----------------|------------------------------|----------------------------|----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| <u>.</u> | YASHAR, SHLOMO | 3389 SHERIDAN STREET, #122 | |
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| | | Signature of | a member or auth | orized renner | entative of a me | mber | | _ |
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| | KORIN YASHAR | | ١ ، | | | | | |

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Filing Fee: \$25.00