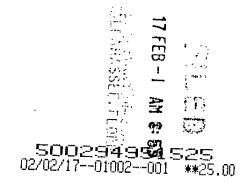
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Am Cap Yield LL	.C	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
_		Vehicle Search
		Driving Record
Requested by: Seth		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In 174 Ponder's Printing - Thom asville, Gal	Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Am Cap. Field LLC	•	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) 1 Liability Company)	pagandama gamera ama ya 121 a 1221
	•	
The Articles of Organization for this Limited Liability Compan	y were filed on January 5, 2017	and assigned
Florida document number L17000004759	·	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- Control of the Cont	and the section is the county of the section of the
Principal office address MUST BE A STREET ADDRESS		
•		· · · · · · · · · · · · · · · · · · ·
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u>:</u>	
B. If amending the registered agent and/or registered		ter the name of the
registered agent and/or the new registered office address he	r <u>e</u> :	\$5 66
Name of New Registered Agent:		
New Registered Office Address:		99
	Enter Florido street address	5 6
·	, Florida	
	City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I havely 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

Title	Name	Address	Type of Action
AMBR	John Connolly	P.O. Box 238114	
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