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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	ITAL & INVESTMENTS LLC	;			
SUBJECT:	Name of Lim	ited Liability Company	_ 		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	FABIANO GOMES VAS	CONCELLOS			
		Name of Person			
	SAX CAPITAL & INVESTMENTS LLC				
Fim/Company					
6965 PIAZZA GDE AVE SUITE 309					
Address					
	ORLANDO FL 32835				
		City/State and Zip Code			
	FABIANO@SAXINVEST				
	E-mail address: (to be used for future annual report notif	fication)		
For further information of	concerning this matter, please c	all:			
ELTON OLIVEIRA		305 8337331 at ()			
Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fce. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAX CAPITAL & INVESTMENT		inv as it now enneers on our	records)
(Awane of the Citi	(A Florida Limited I	iny as it now appears on our Liability Company)	i ceui us.j
The Articles of Organization for this Limited I Florida document number L17000180172	iability Company	were filed on 08/23/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	a "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6965 PIAZZA GDE AVE SUITE 309	
Principal office address MUST BE A STREET ADDRESS)		ORLANDO FL 32835	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6965 PIAZZA GDE AVE SUITE 309 ORLANDO FL 32835	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	FABIANO GO	MES VASCONCELLOS	enter the name of the new regi
New Registered Office Address:	GDE AVE SUITE 309 Enter Florida street	address	
	ORLANDO		_, Florida ³²⁸³⁵
		City	Zip Code

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.

Fabiane Comes Coxonallo
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
MGR	FABIANO GOMES VASCONCEI	6989 PIAZZA ST	□Add
		ORLANDO FL 32819	□Remove
			= Change
MGR	ELTON MACEDO DE OLIVEIRA	6925 SUGARBUSH DR	≘ Add
		ORLANDO FL 32819	□Remove
			Change
			□ Add
			□ Remove
			□Change
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Effective date, if other than the date fan effective date is listed, the date must be seen effective date inserted in this block of document's effective date on the Depart	pecific and cannot be prior loes not meet the applic	to date of filing or more able statutory filing re	(optional) than 90 days after filing.) equirements, this date v	Pursuant to 605.0207 will not be listed as
record specifies a delayed effective dat d is filed.	e, but not an effective t	me, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
ated	2024	<u> </u>		
Sign	Fakano Comun	(boxon allo	> a member	
Fabiano Gomes Vasconcello	J			
	Timed or print	ed name of signee		

Filing Fee: \$25.00