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JAN OS 20:9 J. HARRIS

COVER LETTER

Division of Corp	orations		
SUBJECT: <u>CAP</u>		rs LLC ted Liability Company	
•	Name of Limit	ted Liabinty Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	JOHN TI	Name of Person	<u> </u>
		Name of Person	
	JOHN TO CAPMONT	Advisors Cic	
	,	Firm/Company	
	13420 Kilda	ne PLACE	
		Address	
	LAKEWOOD	RANCH H City/State and Zip Code	34202
	+ Tanka (1	City/State and Zip Code	10/11
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ill:	
Tokus Too	N (P	at (941) 685	-0431
Name of	Person		Telephone Number
Enclosed is a check for th	e following amount:		
\	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
A/02200	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

CAPWOLKT ACV	Ity Company as it now appears on of the Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L11000 [93</u> 3	Company were filed on 9	18/17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin Character MortoAGE Go The new name must be distinguishable and contain the words "Lin		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RESS)	. :
17 metput vijitet utureta area area area area area area area		। उरु .
		mr.k
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>ක</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		r records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s.	reet address
<u></u>		, Florida
•	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.

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>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
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Filing Fee: \$25.00