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## **COVER LETTER**

TO: Registration Sectorial Division of Corp			
SUBJECT: X YZ	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Alex Bi	Name of Person	
	2520 Cc	Firm/Company f	2110
		Address	
	Hiami, FL	. 33145 City/State and Zip Code	
	XYZ Cooi E-mail address: (to	o be used for future Innual report botifie	cation)
For further information cor	ncerning this matter, please ca	ill:	
Alex Bro	Person Person	at (305) 435- Area Code Daytime	GGL4 Telephone Number
Enclosed is a check for the	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

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

XYZ CapiTol (	1C
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/02/2017 and assigned
Florida document number <u>L1700022685</u>	1
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 L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	5)
	10) V.
Enter new mailing address, if applicable:	20 D 20 B
(Mailing address MAY BE A POST OFFICE BOX)	
	2
B. If amending the registered agent and/or registered	d office address on our records, enter the name of the new
registered agent and/or the new registered office address	here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

**Title** Name 1 **Address** Type of Action Ryan Tyler 2520 Coral Way 2110 DAdd Miami, F1. 33145 KRemove \_□ Change MGR Ednalda Ribeiro 2520 Coral Uty #2110 XAdd Miami, Fl. 33145 - Remove ☐ Change □ Add □ Remove \_□ Change □ Add \_□ Remove \_🗀 Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change

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Effective date, if other than (If an effective date is listed, the date   Note: If the date inserted in this document's effective date on the	must be specif s block does	ic and cannot be not meet the a	prior to date of pplicable statu	filing or more tha itory filing requ	optiona (optiona n 90 days after filir irements, this date	g.) Pursuant to 605	.0207 (1 ed as tl
the record specifies a delay ) The 90th day after the r	yed effecti ecord is fi	ve date, bu led.	t not an eff	ective time,	at 12:01 a.m	. on the earlie	er of:
Dated June 11							
	Signature	of a member or	authorized repr	resentative of a m	ember	<del></del>	
$\Delta I$							

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Filing Fee: \$25.00