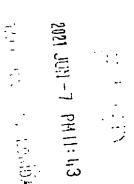
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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:

TO: Registration Solution of Co			
	APITAL GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SANTIAGO VOLPE		
		Name of Person	
	FENIX CAPITAL GROU	P LLC	
		Firm/Company	
	8140 NW 29th ST		
		Address	
	DORAL, FL 33122		
		City/State and Zip Code	
	SANTIAGO@CAPITALFI		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	stitication)
SANTIAGO VOLPE	,	786 647-6345	
Name o	of Person	at () Area Code Dayti	me 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration S	ection
Registration Division of 0		Division of Co	
P.O. Box 633	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FENIX CAPITAL GROUP LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Compa	ny were filed on 11/17/2017	and assigned
Florida document number L17000238458		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)		
		i
Enter new mailing address, if applicable:		PH
* **		
Mailing address MAY BE A POST OFFICE BOX)		· . ~ ~
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida Zip Code
	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>	<u>Address</u>	, -	Type of Action
AMBR	SANTIAGO VOLPE	8140 NW 29th ST Doral, FL 33122		_ □Adđ
				_ ■Remove
				_ 🗆 Change
MGR	JONATHAN A. PERNIA	8140 NW 29th ST Doral, FL 33122		_ ≣ Add
				_ □Remove
				_ □Change
				7821 Add
				_ i _ □Řemove
				PH . □Change . &
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				PM
			<u> </u>	- 2- -
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fective date, if other than the date on effective date is fisted, the date must be specte: If the date inserted in this block document's effective date on the Department.	es not meet the applicabl	date of filing or more than 9 e statutory filing require	(optional) 0 days after filing.) Pu ments, this date wil	ursuant to 605.020 I not be listed :
ecord specifies a delayed effective date, is filed.	but not an effective time	, at 12:01 a.m. on the ca	rlier of: (b) The 9	0th day after th
nted MAY 25th	· 2021			
	У			

Filing Fee: \$25.00