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TO:	Registration Se Division of Cor		4 .			
SUBJE	Capital Ver	ntures USA, LLC				
SUBJE	Name of Limited Liability Company					
		Amendment and fee(s) are sub ondence concerning this matter	-			
		Gregory A Bartell				
			Name of Person			
		Capital Ventures USA, LL	C			
			Firm/Company			
		1105 SW 44th St				
			Address			
		Cape Coral, FL 33914			.2	·: ₀ ,
			City/State and Zip Code		20 JAN	
		floridahomes4u@comcast.n E-mail address: (t	et to be used for future annual report notificat	ion)	∓ -3	71 7 7. 70-
For furt	her information e	concerning this matter, please ca	all:			-:::::::::::::::::::::::::::::::::::::
Gregory	: A Bartell		239 699-1166		PM 3: 42	STAI STAI
	Name c	of Person	at () Area Code Daytime Te	lephone Number	ૈંગ	2HOH5
Enclose	d 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 Fer Certificate of St Certified Copy (additional copy is e	atus &	
	Mailing Address Revistration	<u>ss:</u> Section	Street Address: Registration Section	n		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

a:,

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capital Ventures USA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 22, 2018 Florida document number _____18000018728 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered 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

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

___. Florida

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>	Name	Address	Type of Action
AMBR	Heather R McQuitty	1105 SW 44th St	□Add
		Cape Coral, FL 33914	≅Remove
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an eff <u>ote:</u>	ve date, if other than the date of filing:
recore is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
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	Lan Darteel
	Signature of a member or authorized representative of a member
	Gregory A Bartell
	streeting of transcell

Filing Fee: \$25.00