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	Registration Se Division of Cor			
cup icz		ll Capital, LLC.		
SUBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	etum all correspo	ndence concerning this matter	to the following:	
		Cesar R. Sordo, Esq.		
			Name of Person	
		Sordo & Associates, P.A	۸.	
		 	Firm/Company	
		3006 Aviation Avenue, S	Suite 2A	
			Address	
		Coconut Grove, FL 3313	33	
			City/State and Zip Code	
		Mhardie@sordolaw.com		
For furth	er information c	e-mail address: () oncerning this matter, please of	to be used for future annual report notificall:	eation
Cesar F	R. Sordo		305 859-8107	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$ 25.0	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

Weston Hill Capital, LLC.		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co lorida document numberL18000042044	ompany were filed on02/15/2018	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:	 -	
Principal office address MUST BE A STREET ADDRI	<u></u>	
	1 - 11 - 11	
Enter new mailing address, if applicable:		<u>.</u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe		nter the name of the
		; <u>ee</u>
Name of New Registered Agent:	<u> </u>	AH A
New Registered Office Address:		052 J
	Enter Florida street address	Pat Pat
	, Florid	la Si N C
	Cui.	Zur 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
MGR	Weston Hill Advisory, S.L.	3006 Aviation Ave., 2A	☐ Add
		Coconut Grove, Fl. 33133	Remove
			☐ Change
MGR	Weston Hill Capital, S.L.	3006 Aviation Ave., 2A	= Add
		Coconut Grove, Fl. 33133	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			
			☐ Remove
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