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	equestor's Name)	
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PICK-UP		MAIL
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Special Instructions to	Filing Officer:	
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Amend CC

JUN 25 2020 I ALBRITTON

COVER LETTER

SUBJECT: <u>b\</u>	ACKACKE CAP Name of Linhi	TAL ILC FILE ted Liability Company	<u>#- L131:1014:554</u> C
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	<u>Marina</u>	Name of Person	
	BIACKACP	Firm Company	
		V 48TH STRFFT	SUITE 390
	DORAL	FL 33/66 City/State and Zip Code	
	E-mail'address: (to	ACRECAPITALLO & o be used for future annual report notif	DENOIL COM
For further information co	oncerning this matter, please ca	II:	
HARITA- Name of	TCPOLY	at $(\frac{\pm 4}{\text{Area Code}})$ = $\frac{-326}{\text{Daytime}}$	RES-07-33 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	etion

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

TO:

Registration Section Division of Corporations

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**

ARTIC	LLS OF 7	-	•	• •
•	TC		,	10 PH/2 35
ARTICI	LES OF O	RGANIZATION	2022	1/
	OI	-	College State	
				% \Q
BIACKACOTE	CADITAL	110		Ph.
(Name of the Limited Li	ability Compan	y as it now appears on our	records.)	``/< >.
(A FI	orida Limited Li	y as it now appears on our ability Company)	,	<i>ب</i>
		nto la	4/2020	
The Articles of Organization for this Limited Liability		vere filed onOO_O	4/2020	and assigned
Florida document number	J40.			
This amendment is submitted to amend the following	g:			
A 16 P	11 14 19 19			
A. If amending name, enter the new name of the	limited liabil	ity company nere:		
The new name must be distinguishable and contain the words	"Limited Liabilit	ly Company," the designation	1 "LLC" or the abbr	eviation "L.L.C."
		THE WIN	1.8774 CT	MERITA ZOT
Enter new principal offices address, if applicable	:	11121111	72111 3	THE PIC
(Principal office address MUST BE A STREET AI	<u>DDRESS)</u>	DO KAL F	1-55/16C)
		TELATIN/ 1	8714 550	ET CUIT 29
Enter new mailing address, if applicable:		77101110	12 TT 214	LEI SMIL DI
(Mailing address MAY BE A POST OFFICE BOX	Ú	topal Fl	33160	
			·	
				
B. If amending the registered agent and/or regist	ered office at	idress on our records.	enter the name	of the new registered
agent and/or the new registered office address he			ciite the name	or the new registered
				
	Marin	a llation	<u>-</u>	
Name of New Registered Agent:		II MITT VI	<u> </u>	
New Registered Office Address:	7745	NN 43TASI	REET SUIT	FE 3950
Ten Regimered Office Address.		Enter Florida street		
	DORA	١	/	22166
	<u> YOH</u>	City	Florida	Zip Code
		C 11 1		rap Court

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
Esident	ZACITAM ACITAM	FIFTY NW 48 THI STREET	_ XAdd
		SUITE 390, DORAL FL 33	16,GRemove
			□Change
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. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an ef Note:	ive date, if other than the date of filing: 16/12/20 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the recordisti	ed 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 led.
Dated	Matia Matixis
	Signature of a member or authorized representative of a member
	MTDA MATUAS Typed or printed name of signee

Filing Fee: \$25.00