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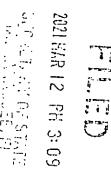
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Cor						
CYGN	US ADVISORS, 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:				
	Camilo Andres Espinosa					
		Name of Person		_		
	LOIGICA, PA					
		Firm/Company		:	202	
	40 SW 13th ST Suite 102			3 - 1 / - 1	2021 KAR	-
		Address		— <u></u> .	12	
	Miami, Florida 33130			(F.S	PH 3: 09	
	camilo.espinosa@loigica.co	City/State and Zip Code om			909	
	E-mail address: (to be used for future annual report notif	ication)			
For further information c	concerning this matter, please c	all:				
Camilo A Espinosa		305 7261537				
Name o	of Person	at ()	: Telephone Numb	ег		
Continued in a glood Cont	h. C.Hamina manust					
Enclosed is a check for the	_	E ess no culina can e	□ \$ 60,001	enia, ts		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	rate of State of Copy al copy is a	atus &	
Mailing Addres		Street Address:				
Registration 5		Registration Sec Division of Corp				
Division of C P.O. Box 632		The Centre of T				
Tallahassee,	FI. 32314	2415 N. Monroe Tallahassee, FL		810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYGNUS ADVISORS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our re- ited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000215478</u>	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Areti Capital Advisors, LLC		
The new name must be distinguishable and contain the words "Limited	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	<u> </u>	
	<u> </u>	C 83
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, N
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		co and
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>en</u>	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street aa	ldress
		. Florida
	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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			Demons
			Remove Classification Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the	e applicable statutory	g or more than 90 days :			
nument's effective date on the Department of State's r	ecords.				
cord specifies a delayed effective date, but not an effe s filed.	ective time, at 12:01	a.m. on the earlier of	î: (b) - The	90th day	after th
March 3rd 202	l				
Casul III	·				
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