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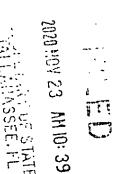
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: CAP	TAIN ARAGON FR	EIGHT, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	(=3774=R	D. ATLAGON HENN	ANISES
		Name of Person	
	CAPTAIN I	ARAGON, LLC	
		Firm/Company	
	2509 EVER	REST PKWY	
		Address	
	CAPE CONAL	/FL 33904 City/State and Zip Code	
		City/State and Zip Code	<del>-</del>
	YUSYVKG	GMAIL COM	
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
GSTHETZ. D. F	INAGON/HERNANI	XZ 1786 3663	766
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Registration Division of O P.O. Box 631 Tallahassee,	Section Torporations 27	Street Address: Registration Seconds of Core The Centre of Tallahassee FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

·		on our records	<u>i.</u> )			
·						
Florida document number 218000230753	The Articles of Organization for this Limited Liability Company were filed on $\frac{9/25/2018}{}$					
Florida document number <u>L 18000230753</u>						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability com	npany her	<u>e</u> :				
CAPTAIN ARAGON, LLC						
The new name must be distinguishable and contain the words "Limited Liability Compar	any," the des	signation "LLC"	or the abbro	viation	"L.L.C."	
Enter new principal offices address, if applicable:			<del></del> ;	7020		
Principal office address MUST BE A STREET ADDRESS)				75	******	
	<u></u> _		<u> </u>	23	1	
			(A)	<b>=</b>		
Enter new mailing address, if applicable:	<u> </u>		ښ.	AH IO	السائد	
Mailing address MAY BE A POST OFFICE BOX)				ယ္		

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 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
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			□Remove
			□Change
			□Add
			□Remove
			□Change
			Change  23 Remove  Remove  Change
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