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COVER LETTER

Division of Corporations Felicia Serano LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Felicia Shtivelman Name of Person Felicia Serano LLC Firm:Company 1010 Manati Avenue Address Coral Gables City-State and Zip Code felicia@capabee.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Felicia Shtivelman Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Fiting Fee & **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

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

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

AKHULESUFUF	(GANIZATION	i .
OF	•	· — —
		i ez ;
Felicia Serai	no LLC	= : = :
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	<u> </u>
The Articles of Organization for this Limited Liability Company w	rere filed on 10/22/2018	and assigned
Florida document number 1.18000247733		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Capabee LLC		
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "LLC" or the	e abbreviation "L.L.C."
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)		
33.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the na	ame of the new registered
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.

City

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 :
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i effective dat <u>te:</u> If the da	e, if other than the date the is listed, the date must be so the inserted in this block of ective date on the Depart	pecific and cannot be prior to loes not meet the applicab	date of filing or more that le statutory filing requ	(optional) n 90 days after filing.) P irements, this date w	ursuant to 605,020 III not be listed a
ecord specifi is filed.	ies a delayed effective dat	e, but not an effective tim	e, at 12:01 a,m, on the	earlier of: (b) The (90th day after the
	October 5	2023	_ <i>.</i>		
ted					

Typed or printed name of signee