L18000248070

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2022 MAR -7 AM 9: 02
SECRETARY OF STATE

COVER LETTER

	egistration Selvision of Cor			,	
CHD IFAT	GEEKS ON	THE SPOT LLC	•	r	
SUBJECT	·	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		ROGER CANALES			
			Name of Person		
		CAPITAL FUNDED GRO	OUP, LLC		
Firm/Company					
452 SW 158th TERRACE # 201					
			Address		
			City/State and Zip Code		
		rogean1@gmail.com	to be used for future annual report noti	iticarion)	
For further	information c	oncerning this matter, please ca	•		
ROGER CANALES		786 267-3702			
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	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)	
	ailing Addres egistration S		<u>Street Address:</u> Registration Se	ction	
	egistration s ivision of C		Division of Co		
P.O. Box 6327		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR -7 AM 9: 02

GEEKS ON THE SPOT, LLC

company has been notified in writing of this change.

SPOT, LLC

(Name of the Limited Liability Company as it now appears on our records FARY OF STATE (A Florida Limited Liability Company)

(A Florida Limited Liability Company)

· · · · ———	nd assigned
Florida document number L18000248070	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CAPITAL FUNDED GROUP, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat	ion "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)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	<u>ie new registere</u>
Name of New Registered Agent:	
Nam Bagistarud Office Address	
New Registered Office Address: Enter Florida street address	
, Florida	
, Florida	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this	ar with and

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:

or removed tr	om our records:		
MGR = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change

_____ □Remove

____ □Change

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(If an et Note:	tive date, if other than the date of filing:
ne reco ord is f	rd 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 filed.
Dated	MARCH 1st, 1 2022
	Lione
	- Charles B
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00