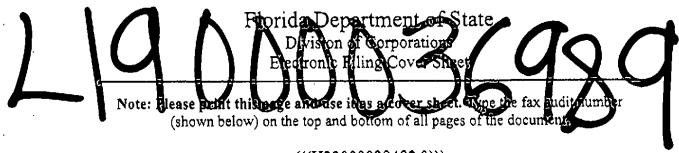
From: ATA Connector



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : 120140000065 Phone

: (305)371-5758

: (305)371-3178

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPLINX, LLC

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JAN 20 2522

From: ATA Connector

## COVER LETTER

CAPLINA	K, LLC		•	
SUBJECT:		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARK M, HASNER			
		Name of Person	<del></del>	
	THERREL BAISDEN, LL	P		
		Firm/Company	<del></del>	
	1 SE 3RD AVENUE, SUI	TE 2950	: <u>:</u> ::	2022
		Address		Z JAN
	MIAMI, FLORIDA 33131		デート シウスタ マウスタ	7. 12.
		City/State and Zip Code		A
•	MHASNER@THERRELB. E-mail address: (1	AISDEN.COM to be used for future annual report notifi	Cation)	بيب
For further information	concerning this matter, please ca	all:	5-1	5
MARK M. HASNER, I	ESQ.	305 371-5758		
Name :	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	olo following a mount			
\$25.00 Filing Fee	_	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
- 000 to thing to 0	Certificate of Status	Certified Copy (additional copy is enclosed)	Cortificate of Status & Certified Copy (additional copy is enclosed)	
·				
MAII Regist	ING ADDRESS:	STREET/COURIE Registration Section		

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: ATA Connector

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPLINX, LLC		
(Name of the Ulmited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000036989	Company were filed on FEBRUARY 13, 2019	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
CAPLINX ADVISORS, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	DRESS)	202
		ps. 713
		₹ <del>2</del> 2 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- T - E
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	zistered office address on our records, <u>enter th</u> idress here:	s name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del></del>	Clay	Zip Code
New Desistant & sent Clauseup & should Desistan		

## 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 b	eing added
or removed from our records:	

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
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			□ Change
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(If an effe	ve date, if other than the date of filing:
the rec ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed
Dated_	January 21, 2022
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00