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COVER LETTER

TO:	Registration Se Division of Cor				
CIID I	EL CAPP,	LLC			
SUDJ	EC1.	Name of Limi	ted Liability Company		
er 1					
The e	nclosed Articles of	Amendment and fee(s) are subt	mitted for tiling.		
Please	ereturn all correspo	ndence concerning this matter	to the following:		
		Tyler R. Levesque			
			Name of Person		
			Firm/Company		
		6925 113 Way North			
		Seminole, FL 44772	Address		
		captaintylerlevesque@gmail	City/State and Zip Co .com	de	
		E-mail address: (t	to be used for future annu	ual report notific	cation)
For fu	irther information c	oncerning this matter, please ca	ill:		
Jay J	Bartlett		813	223-3888	
	Name o	f Person	Area Code	Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:			
■ \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Regist Divisi Clifto 2661	ET/COURIE tration Section ion of Corpora n Building Executive Cen	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL CAPP, LLC		
(<u>Name of the Limited I</u> (A I	iability Company as it now appears on ou florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 05/03/20	19 and assigned
Florida document number L19000120646		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
EL CAPT, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>
Enter new mailing address, if applicable:		10.75 J
·,	-	
(Mailing address MAY BE A POST OFFICE BO	<u>~</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		. Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cho	ind complete performance of my di red agent as provided for in Chapte istered office address, I hereby con	ities, and I am familiar with and or 605, F.S. Or, if this document is firm that the limited liability
	Page 1 of 3	

	g Authorized Person(s) authoriz from our records:	ed to manage, enter the title, name, a	nd address of each person being added
MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
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			Remove The Change
			OF Add
			Change
			□ Remove
			☐ Change
			□ Change

amending any other inform	nation, enter cha	ng e (s) here: <i>(</i>	Attach addition	al sheets, if n	ecessary.)		
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ffective date, if other than t an effective date is listed, the date i	must be specific and ca	annot be prior to d	ate of filing or mor	e than 90 days a	otional) fter filing.) Pu	rsuant to 60)5.0207
lote: If the date inserted in this ocument's effective date on the	block does not me	et the applicable te's records	statutory filing	requirements,	this date will	l not be li:	sted as
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e record specifies a delay The 90th day after the r		te, but not a	n effective tir	me, at 12:0	1 a.m. on	the ear	lier o
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ated May 10	Signature of a mo	mber or authorize	ed representative o	f a member			
Jay J Bartlett	Signature of a mo	Ther or authorize	ed representative o	f a member			

Page 3 of 3

Filing Fee: \$25.00