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COVER LETTER

RAVENS SUBJECT:	FC, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Pablo L. Cejas		
	_	Name of Person	
	Aquarius Capital, LLC		
		Firm/Company	
	2199 Ponce De Leon Blvd	, Suite 500	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	<u>pleeias@aquariusep.com</u> E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Marilyn Wellman		786 473-1951 at()	α <u>ح</u>
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		د_
■ \$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)
	ANG ADDRESS:	STREET/COURIE Registration Section	

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

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

TO ARTICLES OF ORGANIZATION OF

DAVENCES ITS

	KAVEN	S FC, LLC	
(Name of the Lim	ited Liability Compa (A Florida Limited	<u>iny as it now appears on our r</u> Liability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number 119000137719	Liability Company	were filed on 05/22/2019	and assigne
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	2199 Ponce De Leon Blvo	d 19
(Principal office address MUST BE A STRE		Suite 500	*;
		Coral Gables, FL 33134	
Enter new mailing address, if applicable:	PO Box 104611	8 AM 9	
(Mailing address MAY BE A POST OFFICE	E BOX)	Coral Gables, FL 33114	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Aquarius Capit	<u>.e</u> :	
	Coral Gables		_, Florida <u>33114</u>
		City	Zip 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 comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

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or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
MGR	Livio De La Rosa		
		700 Euclid Avenue, Apt. 308 Miami Beach, FL 33139	■ Remove
			Change
MGR	Aquarius Capital, LLC	2199 Ponce De Leon Blvd, #500 Coral Gables, FL 33134	Add
			Remove
		2199 Ponce De Leon Blvd, #500	Change
AMBR	Pablo L. Cejas	Coral Gables, FL 33134	
			Remove
			Change
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