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Registration Section

Division of Corporations

TO:

Cap 54, LI SUBJECT:	.c					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Virginia Wolf Gilliam					
		Name of Person				
	Law Office of Gilliam & C	Gilliam, LLC				
		Firm/Company	-			
	18800 NW 2nd Ave., STE	125				
		Address				
	Miami Gardens, FL 33169					
	vwgilliam@gmail.com	City/State and Zip Code				
	E-mail address: (to be used for future annual report no	tification)			
For further information of	concerning this matter, please ca	all:				
Virginia Wolf Gilliam		305 770-2733				
Name of Person		at () Area Code Dayti	me Telephone Number			
Enclosed is a check for t	he 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			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cap 54, LLC

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)				
The Articles of Organization for this Limited Liability C Florida document number <u>L19000147094</u>	Company were filed on June 3, 2019	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	·				
(Principal office address MUST BE A STREET ADDI	RESS)	三 三			
Enter new mailing address, if applicable:		5: 0			
(Mailing address MAY BE A POST OFFICE BOX)		51			
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		er the name of the			
New Registered Office Address:					
	Enter Florida strect address				
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registere	d Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, and I an gent as provided for in Chapter 605, F.S. O ed office address, I hereby confirm that the i	n familiar with and)r, if this document is			
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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he record specifi The 90th day a			ate, but n	ot an effec	tive time,	at 12:01	a.m. on	the e	earlie
Dated JM	e 21		<u>201</u> °	<u> </u>					
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