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COVER LETTER

Division of Co	rporations						
ALIANZA SUBJECT:	S CAPITAL LLC						
Name of Limited 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:					
	ROBERT SALINAS						
	ALIANZAS CAPITAL LI	Name of Person					
	1001 N. FEDERAL HWY.	Firm/Company STE 202					
	HALLANDALE, FL 3300	Address 9					
	RSALINAS@RCBS.BIZ	City/State and Zip Code					
For further information of	E-mail address: () concerning this matter, please co	to be used for future annual report notificall:	ration)				
ROBERT SALINAS		786 338-9000					
Name (of Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for t	he following amount:						
S25,00 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)				
	JNG ADDRESS: ration Section	STREET/COURIE Registration Section					

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALIANZAS CAPITAL LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/16/2019 and assigned Florida document number L19000232857 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DIEGO GIBELLI	1001 N FEDERAL HWY STE 202 HALLANDALE, FL 33009	■Add
			Remove
			Change
			☐ Remove
			☐ Change
			□ Add
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Effective date, if other than the office of the factive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be ck does not meet the a	e prior to date of filing or applicable statutory fili	nore than 90 days after filing.) ng requirements, this date v	Pursuant to 605.0207 will not be listed as
ne record specifies a delayed The 90th day after the reco	effective date, burd is filed.	ut not an effective	time, at 12:01 a.m. o	on the earlier of
OCTOBER 9TH	2019			
Zuieu		 		
)	

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Typed or printed name of signee

Filing Fee: \$25.00