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COVER LETTER

TO: Registration Section

Division of Cor	rporations		
THREE AT	MIGOS CAPITAL, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
retise return art correspo	Adence concenting this matter	to the following.	
	W. SCOTT NEWBERN		
		Name of Person	
	W. SCOTT NEWBERN, I	PL	
		Firm/Company	
	2982 GIVERNY CIRCLE		
		Address	
	TALLAHASSEE, FL 32.	309	
		City/State and Zip Code	
	wsnewbern@msn.com	to be used for future annual report no	4147 mark may
For further information o	oncerning this matter, please c		anication)
W. SCOTT NEWBERN		850 591-1707 at () Area Code Dayti	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	TL 32314	2415 N. Monfi	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THREE AMIGOS 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 01/13/2020 and assigned

Florida document number 1.20000012269

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 "LLC."

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Changing Registered Agent. Signature of New Registered Agent

Enter Florida street address

. Florida ______ Zip Code

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 WARREN B RANCH, LLC	17097 CR 349	Add	
		McMALPIN, FL 32062	□Remove
			□Change
AMBR	BOREAL RANCH, LLC	17097 CR 349	Add
		McMALPIN, Fl. 32062	□Remove
		□Change	
		□Remove	
		□Change	
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in effective date in te: If the date icument's effect ecord specifies		date, but not an el		2:01 a.m. on the e	arlier of: (b)	The 90th day aft	er the
in effective date inter. If the date cument's effection ecord specifies is filed.	a delayed effective	. 20				The 90th day aft	er the

Filing Fee: \$25.00