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2/8/21

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
CUB IF CT.	MAI	N-CAP LLC	
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:	
		Filippo Mainella	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		MAIN-CAP LLC	
		Firm/Company	
		10003 - 58th St E	
		Address	
		Parrish, Fl. 34219	
		City/State and Zip Code	
		cgomezgs@gmail.com	
	E-mail address: (to be used for future annual repor	rt notification)
For further information of	oncerning this matter, please ca	·	
	Mainella		93-7961
		at ()	
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for th	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)
Mailing Addres Registration S		Street Addre Registration	
Division of C			Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAIN-C.	AP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	01/07/2020	and assigned
Florida document number L20000014051			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10003 - 58th St	Е	
Principal office address MUST BE A STREET ADDRESS)	Parrish, Fl. 342	19	
	·		202
Enter new mailing address, if applicable:	10003 - 58th St	Е	TAKE T
Mailing address MAY BE A POST OFFICE BOX)	Partish, Fl. 342	19	
			P P
			12:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the na</u>	me of the new register
Name of New Registered Agent:			
New Registered Office Address:	Cutan Etc.	rida street address	
	Enter P (O)		
	City	, Florida _	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 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.

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> </u>	<u>Name</u>	Address	Type of Action
MRGM	LUISA CAPRA	4905 34TH STREET S SUITE 343	□Add
		ST. PETERSBURG, FL 33711	■ Rетюче
			□Change
			
			□Remove
			□Change
			2027 QAdd T
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If an effective date is list	her than the date of filined, the date must be specific as	ng:	date of filing or more tha	(optional n 90 days after filin) 3.) Pursuant to 605.020
Note: If the date ins	erted in this block does not date on the Department of	meet the applicab	e statutory filing requ	irements, this dat	e will not be listed a
he record specifies a d	elayed effective date, but no	ot an effective time	e, at 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
ord is filed.	,			, ,	,
	December 28	2020	**		
		2020	//	/	
Dated	December 28	· · · · · · · · · · · · · · · · · · ·	. //		
Dated	Deterriber 28	·	[]		
Dated	1	oriember or authoriz	red representative of a m	ember	