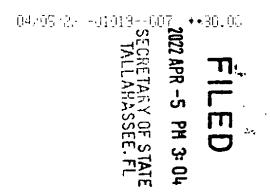
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Y. SCOTT APR 2 3 2022

## **COVER LETTER**

	gistration Se ision of Cor		ů.	*			
SUBJECT:	TRÅJAN C	ÁPITAL REALTY LLC		. •			
SUBJECT		Name of Lim	ited Liability Company				
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Ariel O. Diaz					
			Name of Person	, <u> </u>	<del></del>		
		TRAJAN CAPITAL REA	LTY LLC			~ •	
	Firm/Company					2022	
		18591 S Dixie Hwy Suite	1097		RETA	APR	_
			Address			5	ŗ
		Miami, Fl. 33157			OF S	子	1
			City/State and Zip Code			ယ္	•
		ariel@trajancre.com		··· -	_ ' Ѭ	Ŧ	
For further i	nformation c	n-mail address: to	to be used for future annual report not	meanon)			
Ariel O. Dia		ontoning this matter, preuse t	305 482-1118				
Name of Person Area Code				ne Telephone Num	her		
Enclosed is a	echeck 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)			
	iling Addres		<u>Street Address:</u> Registration Se	ection			
Registration Section Division of Corporations			Division of Corporations				
	). Box 632 Ilahassee, I		The Centre of T 2415 N. Monro		810		
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAJAN CAPITAL REALTY 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  $\frac{01/21/2020}{1}$ and assigned Florida document number L20000026875 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRAJAN CAPITAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the able 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>	Name	Address	Type of Action
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			□Remove
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			□Add
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ective date, if other than the date of filing: reffective date is listed, the date must be specific and cannot be pri	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605	5.020
ite: If the date inserted in this block does not meet the appl cument's effective date on the Department of State's record	icable statutory filing requirements, this date will not be list ls.	ted a
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ted $\frac{\text{March 30}}{}$ ; $\frac{2022}{}$	<u></u> .	
1. selle) ()	14.	
	1/11/1/	

Filing Fee: \$25.00