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MAR 26 2020

COVER LETTER

Secure (Capitol Investment Group LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Toqulada Christopher		
	Secure Capital Investmen	Name of Person at Group LLC	
	Name of Limited Liability Company flosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Toqulada Christopher Name of Person		
	10810 Baye	HC RO. US	
	RIVERVIEW.	FL 33578 City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information	concerning this matter, please c	all:	
Toqulada Christopher		813 614-2772	
Name	of Person		l'elephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Fiting Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addr		Street Address:	on.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Secure Capitol Investment Group LLC

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number 1.20000062976	were filed on	and assigned
This amendment is submitted to amend the following:		A
A. If amending name, enter the new name of the limited liab	ility company here:	70
Secure Ca	pital Holding	ahla.
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10810 Bart	le Rd.
(Principal office address MUST BE A STREET ADDRESS)	#.531	
	RIVELVIAU F	Fl 33578
Enter new mailing address, if applicable:	10810 Baje	He Rd
(Mailing address MAY BE A POST OFFICE BOX)	#531	
	RIVERVIEW, É	Fl. 33578
B. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, <u>enter ti</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Pragress.	Finter Florida street address Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
	performance of my duties, and provided for in Chapter 605, F	I I am familiar with and S. Or, if this document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confirm that	the limited liability

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
_ 			□Add
			□Remove
			□Change
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ective date, if other than the	03/01/2020 date of filing:	(optional)	
effective date is listed, the date must	t be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fi	r more than 90 days after filing.) F	husuant to 605.020
rument's effective date on the Do	partment of State's records.		
and analysis and the said of t			
s filed.	e date, but not an effective time, at 12:01 a.r	m. on the earlier of: (b) The	90th day after the
	2020		
March 01			
	 ;		
March 01	Signature of a member or authorized representati		