L20000102293

Any	
(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	-	d Partners LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Jill Stolz		
			Name of Person	
		<u></u>	Firm/Company	
		PO Box 30	Address	<u> </u>
		North Garden VA 22959	, idate.	
		jakki@sfltcos.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report no	otification)
For further in	nformation e	oncerning this matter, please ca	ıll:	
Jakki Fitzge	rald		434 973-0381	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	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)
Re Dir P.C	diling Addressignment of Control	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OGS Capital Partners 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 $\frac{04/13/2020}{1}$ and assigned Florida document number £20000102293 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MOD Capital Partners LLC 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: $\langle . \rangle$ (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 , Florida

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 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
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ective date, if other than the effective date is listed, the date must	late of filing:	<u></u>	(optional)	
ie: If the date inserted in this blo	ck does not meet the applic	cable statutory filing re	than 90 days after filing.) Pursual equirements, this date will not	n to 605,0207 : be listed as
ument's effective date on the De	partment of State's records	s.		
cord specifies a delayed effective	date but not an effective t	ima at 12:01 a m. m.	this modern of the 17th office of	
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s filed. December 6	3102	torized representative of	a member	

Filing Fee: \$25.00