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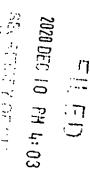
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## **COVER LETTER**

	Registration Se Division of Cor			
CHDIE	CAPSource	, LLC.		
SUBJEC	-1;	Name of Limi	ted Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		John O'leary		
			Name of Person	<del></del>
		CAPSource, LLC.		
			Firm/Company	
		555 Winderley Pl		
			Address	
		Maitland, FL 32751		
			City/State and Zip Code	
		loans@thecapsource.com	to be used for future annual report noti	tion tion t
For furth	ner information co	oncerning this matter, please ca	·	ncanon
John O'l		c ,	407 285-3080 at ()	
	Name of	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>≡</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ction

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

CAPSource, LLC.				
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on our re Liability Company)	cords.)	<u> </u>
The Articles of Organization for this Limited L. Plorida document number L20000133454	Liability Company	were filed on May 18th, 20	20	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi		"LLC" or the abba	reviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		147 N Cervidae Dr		
		Apopka, FL 32703		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or agent and/or the new registered office address	registered office	address on our records, e		The new region
Name of New Registered Agent:	John O'leary			
New Registered Office Address:	147 N Cervidae	e Dr Enier Florida street a	ddress	
	Apopka			12
	трорка	City	. Florida <u>3270</u>	Zin 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 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
AMBR	John O'leary	147 N Cervidae Dr	<b>=</b> Add
		Apopka, FL 32703	□Remove
			Change
AMBR	Mark Munson	555 Winderley Pl. Ste 300	<b>≡</b> Add
		Maitland, FL 32751	□Remove
			□Change
MGR	Cork Heritage, LLC.	147 N Cervidae Dr	
		Apopka, FL 32703	Remove
		<del></del>	□Change
			□Add
			□Remove
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`an effect <del>Yote:</del> If	e date, if other ive date is listed, the the date inserted t's effective date	ie date must be spe in this block do	eific and cannot be es not meet the a	applicable statut	ling or more than 90 ory filing requiren	(optional) days after filing.) Purs nents, this date will r	uant to 605.0207 not be listed as
record s I is filed	specifies a delaye	d effective date,	but not an effec	tive time, at 12:	01 a.m. on the ear	lier of: (b) The 90th	n day after the
Nated	ovember 6		2020				
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Typed or printed name of signee