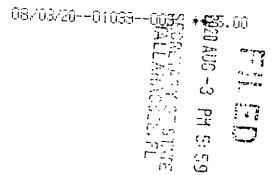
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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D. BRUCE SEP 22 2020

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: AN-CAP I	FUTURES, LLC Name of Lim	ited Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Hannah Denney				
		Name of Person		_	
	Guardian Law, LLC				
		Firm/Company		_	
	770 E Main St Ste 2	42			
		Address		_	
	Lehi, UT 84043			2-15 2-15	2020 AUG -3
	·	City/State and Zip Code			- C
	hannah@guardianlaw.				
	E-mail address: (to be used for future annual report notif	fication)	7.4	
For further information co	oncerning this matter, please ca	all:			당
Hannah Denney		at (844) 409-1122		1- 1-1	63
Name of	f Person	Area Code Daytimo	e Telephone Numbe	r	
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)	Certified	ite of Stati	
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor			
P.O. Box 632	7	The Centre of T	allahassee		
Tallahassee, I	FL 32314	2415 N. Monro Tallahassee, FL		810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A K L C	\ A D		7111	\neg \vdash			\sim
AN-C	A۲,	rυ	TUI	ΚE	S.	ᄔ	_し

(Name of the Limited Liability Company as it now appears on our records.)

(AF)	orida Limited L	iability Company)			
The Articles of Organization for this Limited Liabili Florida document number <u>L20000199558</u>	ty Company ·	were filed on JULY 13,	2020	and assi	gned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	<u>limited liabi</u>	lity company here:			
The new name must be distinguishable and contain the words	Limited Liabili	ty Company," the designation	n "LLC" or the	abbreviation "L.I.	C."
Enter new principal offices address, if applicable:	:	7901 4th St. N Ste	300		
(Principal office address MUST BE A STREET AI	DDRESS)	St. Petersburg, FL	33702		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office a	5201 42nd Ave. N St. Petersburg, FL 3 ddress on our records,		2020 All - 2 Programme of the new	registered
Name of New Registered Agent:					
New Registered Office Address: 7	901 4th St.	. N Ste 300 Enter Florida street	addens	· -	
				22702	
-	<u> </u>	City	, Florida ˌ	Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:				
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete j ed agent as p stered office	performance of my dut provided for in Chapter	ies, and Lai 605, F.S. C	m familiar with Dr. if this docu	i and ment is

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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			□Remove
		·	□Change
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Effective date, if oth fan effective date is liste	ner than the date	of filing:	or be prior to (late of filing or r	ore than 90 days	optiona	l) ø i Piirsi	iant to 6	505 0207 i
Note: If the date inse	rted in this block d	loes not meet i	the applicabl	e statutory fili	ig requirement	s, this dat	e will r	iot be li	isted as t
document's effective (date on the Departi	ment of State	s records.						
record specifies a de d is filed.	layed effective date	e, but not an e	ffective time	, at 12:01 a.m.	on the earlier o	of: (b) 1	The 90th	ı day at	fter the
Dated July 28th		2	020		0 P10				
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