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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A & M Capital Properties LLC' Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Manuel Garcia Name of Person	
Name of Person	
A&M Capital Properties LLC	
A&M Capital Properties LLC Firm/Company 9404 SW 220 ST Address	
Address	
Mami FL. 33190	
Address Mami FL: 33190 City/State and Zip Code Castillo A87@gmail: Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Manny at (347) 839-1999 Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

A & M Capita	I Properties	LLC
(Name of the Limited (A	Liability Company as it now appears (Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L20000</u> 26	ility Company were filed on	$8/28/2020_{\text{and assigned}}$
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here	2:
The new name must be distinguishable and contain the word	ls "Limited Liability Company." the desi	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	20 D
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		기
(Mailing address MAY BE A POST OFFICE BO	<u></u>	32
B. If amending the registered agent and/or registered office address I		ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida	a street address
		, Florida
	City	Zip 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
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		25232 SW 117PL Homestead fl. 33037	Remove
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ment's e ord speci filed.	ifies a delay		nsturf of to mo	2020	orized represe			of: (b)	The 90th o	day after