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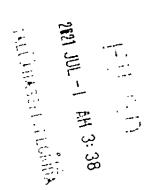
(Requestor's Name)
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PICK-UP WAIT MAIL
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## COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations					
alla la ca	BNC Capit	al Management, LLC					
SUBJECT:Name of Limited Liability Company							
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Eli P. Febres Jr.					
			Name of Person				
		BNC Capital Management	. LLC				
			Firm/Company	·			
		1420 Waterford Oak Dr. A	xpt 303				
Address							
		Orlando, FL 32828					
			City/State and Zip Code				
		eli.febresjr@gmail.com					
			to be used for future annual report no	otification)			
For further in	iformation c	oncerning this matter, please co	all:				
Eli P. Febres Jr.			407 676-0094 at ( )				
	Name o	f Person	Area Code Dayt	ime Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	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)			
	iling Addres gistration S		Street Address: Registration S	Section			
	-	forporations	Division of C				
	). Box 632		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BNC Capital Management, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our recorded Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	my were filed on 10/20/2020	and assigned
Florida document number 1.20000329142		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LI.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		21
Enter new mailing address, if applicable:		5. 1
Mailing address MAY BE A POST OFFICE BOX)		= 1
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B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	258
	, F	lorida
	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
CEO	Eli P Febres Jr.	12013 Lake Cypress Cir, D105	□Add
		Orlando, FL 32828	■Remove
		<del></del>	□Change
MGR	Eli P. Febres Jr.	1420 Waterford Oak Drive, Apt 303	<b>≣</b> Add
		Orlando, FL 32828	□Remove
			□Change
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record is file	specifies a delayed effect.	ective date, but i	not an effectiv	e time, at 12:	01 a.m. on the	earlier of: (b	) The 9	0th day at	îter the
etod (	June 28th			<u></u>					