2000033765



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TO:

TO: Registration Division of Co			
CAPITA SUBJECT:	L STACK REAL ESTATE GRO	OUP LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	VERONICA MALOLOS		
		Name of Person	
	CAPITAL STACK REAL	ESTATE GROUP LLC	•
		Firm/Company	
	1081 E LAKE SHORE BL	.VD.	
		Address	
	KISSIMMEE, FL 34744		
		City/State and Zip Code	
	veronica@capstackcommer		
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Veronica Malolos		407 791-3772 at ()	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Addr Registration		Street Address: Registration Section	
-	Corporations	Division of Corporations	
P.O. Box 63	327	The Centre of Tallahassee	_
Tallahassee	, FL 32314	2415 N. Monroe Street, Suite 810)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL STACK REAL ESTATE GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000337651.	were filed on 10/23/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CAPSTACK COMMERCIAL LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:	4700 Millenia Blvd. Suite 500	2024 Sign
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32839	
		P 2
Enter new mailing address, if applicable:	1081 E Lake Shore Blvd.	B PHI
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34744	2: 2 . F.L
		<u>u' 2</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	e name of the new register
New Registered Office Address:		
	Enter Elorida street uddress	
	, Flori	da
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document 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>	<u>Address</u>	Type of Action
		/	□Remove
		,/ 	□Change
		- /	□Add
			□Remove
		-/	□Add
		/ 	□Remove
			Change
			□Add
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			Change
			□Add
			□Remove

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ctive date, if other than the da effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be prior does not meet the applic	able statutory filing		iling.) Pursuant to 605.02
iment's effective date on the Depar	thicht of State's records	•		
ord specifies a delayed effective da filed.	te, but not an effective t	ime, at 12:01 a.m. o	the earlier of: (b)	The 90th day after th
SEPTEMBER 16	2024			
	Afron & naturafof a member or auth	So the		
Sig	nature of a member or auth	orized representative of	f a member	

Filing Fee: \$25.00