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SECRETARY

C. BRUMBLEY

TO: Registration Section Division of Corporations
SUBJECT: A & A Mega, Canital 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:
AShley Black Name of Person
Firm/Company 1715 Wellington Court Address Ar lington, Texas 76013 City/State and Zip Code Oshley black 972 6 a mail according to the used for future annual report notification) For further information concerning this matter, please call: Ashley Black at (469, 314-4218) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 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

AbA Mega Capita	al LLC ~
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L.	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company version of the Limited Liability Company version of the submitted to amend the following: A. If amending name, enter the new name of the limited liability company version versi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Arlington, Texas 76013
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1715 Wellington Court Arlington, Texas 76013
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Land C	Black OHERS Wick Way Enter Florida street address Lakes Florida 34638
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appaintment as registered agent and agre	e 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 **Type of Action Address** Title Name Andy A Williams 1340 13th Ave S Apt B DAND St Petersburg, F1 33705 remove _____ □Change Kemove ___ Change _____ Change _____ 🗀 Add _____ Change _____ □Change

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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efformation (If an efformation) (If an	ve date, if other than the date of filing:
Gocum	an a enegave date on the Department of State a records.
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _.	October 21 2021.
	Signature of a member or authorized representative of a member
	Ashley Black
	Typed or printed name of signee