2/9/2021

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING PERFECT SOLUTIONS CORP

Account Number : I20140000109 : (786)316-5772 Phone Fax Number : (786)312-1878

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANTGO CAPITAL LLC



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Tallahassee, FL 32314

COVER LETTER

Division of C	Corporations	
SUBJECT: ANTGO	CAPITAL LLC	
-	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
	spondence concerning this matter to the following:	
	GONZALO CASTELLANO	
	Name of Person	
	ANTGO CAPITAL LLC	
	Firm/Company	
	58 NE 14th ST	1
	Address S	٠,
	MIAMI, FL 33132	~~ ;~~
	MIAMI, FL 33132 City/State and Zip Code gonzalocaste 6@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call:	
	E-mail address: (to be used for future annual report notification)	O
For further information of	concerning this matter, please call:	
YUDEISY MELENDEZ	760 310-3772	
Name o	of Person Area Code Daytime Tolephone Number	
Enclosed is a check for t	he following symmetry	
\$25.00 Filing Fee		
as seen of thing ree	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of Co P.O. Box 632	Section Registration Section Orporations Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTOO CAPITAL LLC		
(Name of the L	Imited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)
The Articles of Organization for this Limited Florida document number L21000045459		
······································		
This amendment is submitted to amend the fi		
A. If amending name, enter the new name	of the limited liability com	pany here:
The new name must be distinguishable and and in all		
Enter new principal of	e words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
[Principal office address MUST BE A STRE	EET ADDRESS)	
Entan		
	-	
(Mailing address MAY BE A POST OFFICE	me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: direct MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new registered of the new registered office address here:	
B. If amending the registered agent and/or	registered office address or	our records, enter the name of the new registered
agent and/or the new registered office addr	ess here:	in new registered
Name of New Registered Agent:	GONZALO CASTELLAN	io
New Registered Office Address:	58 NE 14th ST	
The state of the s		eter Florida street address
	MIAMI	
	City	, Florida 33 132 Zip Code
lew Registered Agent's Signature, if changing		£1p ∪oαe
hereby accept the appointment as registere	ed agent and agree to act in per and complete performan istered agent as provided for registered office add-section	this capacity. I further agree to comply with the ace of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if this document is hereby confirm that the limited liability

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

Fax

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANTONIO A. ARAUJO CADENA	2313 QUARRY VALLEY RD	— —
		COLUMBUS, OH 43204	
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			□Renrove
			☐ Change
		-	□ Add
			□Remove
			Change
			bbA□
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			□Change
<u> </u>			DAdd
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Effect If an eff Note: docum	tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 nent's effective date on the Department of State's records.	.0207 i ed as i
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the
e recor rd is fil		
	08/26/2021	
	08/26/2021 Additional Signature of a member or authorized representative of a member	

Filing Fee: \$25.00