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## **COVER LETTER**

TO:

	legistration Sc Division of Cor			
eno irza	2740 Capita	al, LLC		
SUBJECT: Name of Limi			ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Richard L. Barbara		
		•-	Name of Person	
		3898 Capital, LLC		
		·	Firm/Company	<del></del>
		224 Palermo Avenue		
		-	Address	<del></del>
		Coral Gables, FL		
			City/State and Zip Code	
		rbarbara@rlbpa.com		
		E-mail address: (	to be used for future annual report noti	fication)
For further	information e	oncerning this matter, please ca	all;	
Richard L	. Barbara		305 733-2300 at ()	
	Name o	f Person	Area Code Daytim	te Telephone Number
Enclosed i	s a check for th	ne following amount:		
<b>≡</b> \$25.00	) 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)
	lailing Addres		Street Address: Registration Se	ction
Registration Section Division of Corporations		Registration Section Division of Corporations		
P	.O. Box 632	7	The Centre of T	Tallahassee
1	allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2740 Capital, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/25/2021 \_\_\_\_ and assigned Florida document number L21000046679 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 3898 Capital, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 224 Palermo Avenue Enter new principal offices address, if applicable: Coral Gables, FL 33134 (Principal office address MUST BE A STREET ADDRESS) 224 Palermo Avenue Enter new mailing address, if applicable: Coral Gables, FL 33134 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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Effective da	te, if other than the date of filing: (ontional)
(If an effective d	te, if other than the date of filing: (optional) 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 605.0207 (
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e record speci	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	•
Dated	ary 24
	· /
	Signature of a member or authorized representative of a member
Ri	ichard L. Barbara
_	Typed or printed name of signee