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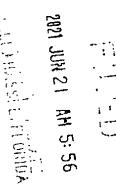
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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
	PITAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ALEKSANDRA GARIC		
		Name of Person	
	2 XX CAPITAL LLC		
		Firm/Company	
	12916 SPRING RAIN RD		
		Address	
	JACKSONVILLE, FL 322	58	
		City/State and Zip Code	
	floridahomes@2xxcapital.c		
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
ALEKSANDRA GAR	IC	224 2347719 at ()	
Name of Person		at () Area Code Daytime Telephone :	Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, S Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 XX 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 $\frac{03/09/2021}{1}$ and assigned Florida document number $\frac{L21000112531}{L21000112531}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
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e record specifies a de rd is filed.	elayed effective date, b	ut not an effective	e time, at 12:01 a.	m, on the earlier of:	(b) The 90	th day after t	he
June 17 Dated		- 2021					
	Č:*	e of a member of at	Ahorized representa	tive of a member			
	Signatur	col mine (me lbe	\(\frac{1}{1} \)				