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## **COVER LETTER**

Division of Cor			
SUBJECT:	Maiz &V	'ally Capital	LLC
· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The analoged Amigles of	A management of the second state of the second second	missaul for filling	
The enclosed Afficies of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
		Adyai Ani/a	
	Maiz	& Vally Capita	1 LLC
	936	Firm/Company  SW 2 St  Address	e # 990
		FL 33130 - City/State and Zip Code  Primorales @ Yah to be used for future annual report noti	
	E-mail address: (	rimorales @ Yeh	itication)
For further information c	oncerning this matter, please ca	aft:	
Adva	xi Ailz	at ( <u>786)</u> <u>343</u> Area Code Daytin	.8837
Name o	f Person	Area Code Daytin	ne Telephone Number 2
Enclosed is a check for the	he following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee  Certificate of Status &  Certified Copy  (additional copy is enclosed)
Mailing Addres	<u> </u>	Street Address:	
Registration:	Section	Registration Se	
Division of C	'ornorations	Division of Co.	rnorations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Maiz	& Vally	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 v	were filed on $4/14/2021$ and as	ssigned
Florida document number <u>L2100017426</u> 8		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "I	LL.C."
Enter new principal offices address, if applicable:	936 SW 1st Ave Miami FL 33/30	# 99
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33/30	-4520
Enter new mailing address, if applicable:	936 SW 1 st Are Miami FL 33130	# 99
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33130	-452
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the ne</u>	w register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
<del></del>	, Florida	,
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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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fan e Note:	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at filed.
Dated	November 11. 2021.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Ent. . E. . . 635 00

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