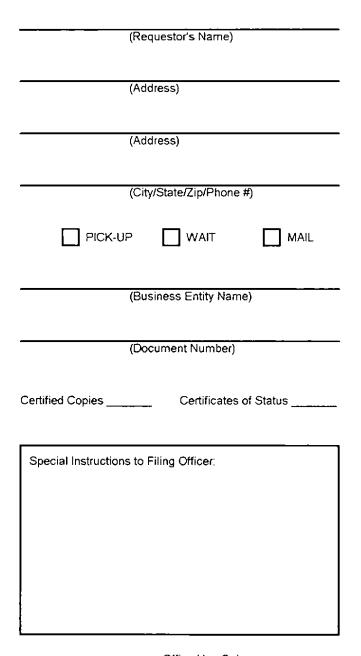
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A. BUTLER
JAN 1 1 2022

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Mailing Address:
Registration Section
Division of Corporations

Tallabaccoo El 20214

P.O. Box 6327

	egistration Se ivision of Cor		ı.	
SHR IF71		ALLY CAPITAL LLC	i	
.,()[8,17()]	•	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ru all correspo	ndence concerning this matter	to the following:	
		Alexandre Ballerini		
			Name of Person	
		Alexandre Ballerini PA		
			Firm/Company	
		1111 Lincoln Road suite 2	00	
			Address	
		Miami Beach FL 33139		
		alex@alexballerinialw.com	City/State and Zip Code	
		=	to be used for future annual report not	ification)
For further	information c	oncerning this matter, please co	alt:	
Alexandre	Ballerini		305 507 9699 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for tl	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
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Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

2d15 M. Monroe Ctrast, Cuita 210

## DocuSign Envelope ID 1C577D1F-FBC6-436C-B5AB-D4BD9119610F ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAIZ&VALLY CAPITAL ELC			201070 27 17 100
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited I Florida document number <u>L21000174268</u>	Liability Company	were filed on 04/	$\frac{1}{14/2021}$ and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Via Nazionale I Rognio BG 2400	
		Italy	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new Registered Agent:			ecords, <u>enter the name of the new registere</u>
New Registered Office Address:	1111 Lincoln Road Suite 500		
		Enter Flor	ida street address
	Miami Beach		, Florida <u>33139</u>
		City	Zip Code

## 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

DocuSign Envelope ID: 1C577D1F-FBC6-436C-B5AB-D4BD9119610F 11 amending Authorized rerson(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

Title	Name	Address	Type of Action
			□ Add
		<del></del>	□Remove
			□Change
			□Remove
			□Change
			□Add
		•	Remove
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ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blument's effective date on the D	ock does not meet t	he applicable stati	filing or more than states filing require	(optional) 90 days after filing.) I ements, this date w	Pursuant to 605.02 fill not be listed
cord specifies a delayed effectiv s filed.	e date, but not an ef	fective time, at 12	2:01 a.m. on the ea	urlier of: (b) The	90th day after th
1140	29.	21			
- 11/19 ed					
ed		Luna Wid	ail		
	Signature of a member	Jura Will -EBC79820720043E	resentative of a men	iher	<del></del>

Filing Fee: \$25.00