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COVER LETTER

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то:		istration Sec sion of Corp			
ento tez		Kestrel Cap			
SUBJEC	CI:	-	Name of Lim	nited Liability Company	
The encl	losed	Articles of A	Amendment and fec(s) are sub	omitted for filing.	
Please re	eturn	all correspoi	ndence concerning this matter	to the following:	
			James Carpenter		
				Name of Person	_
			Kestrel Capital LLC, Kest	rel Group Inc	
				Firm/Company	-
			7406 Laura St N		
				Address	-
			Jacksonville, FL 32208		
				City/State and Zip Code	_
			kestrel@fastmail.com		
			E-mail address: ((to be used for future annual report notification)	
For furth	her in	formation co	oncerning this matter, please c	call:	
James C	Carpei	nter		904 654-6845	
	_	Name of	Person	at ()	
Enclosed	d is a	check for th	e following amount:		
≡ \$ 25.	.00 F:	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	ate of Status &
		ling Address istration S		Street Address: Registration Section	
	_		orporations	Division of Corporations	
		. Box 632		The Centre of Tallahassee	010
	Tall	lahassee, F	L 32314	2415 N. Monroe Street, Suite	510

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kestrel Capital LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records da Limited Liability Company)	.)
he Articles of Organization for this Limited Liability		and assigned
orida document number L21000274461	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company here:	
ne new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE BOX)</u>	<u></u>	
. If amending the registered agent and/or register gent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	he name of the new registe
ent and of the new registered office address here	•	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Carpenter, James		
		 -	Remove
			□Change
VP	Carpenter, Lausanne		□Add
			■Remove
			Change
AMBR	Kestrel Group, Inc	P18000078255	= Add
		7406 Laura St N	Remove
		Jacksonville, FL 32208	□Change
			□Add
			Remove
			3 Remove
			□ Change
			DRemove

		
		
•		
<u> </u>		
an effective date is listed, the date must	ck does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.0207 ling requirements, this date will not be listed as
	date, but not an effective time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after the
is filed.		
lune 30	2021	2
lune 30	, 2021	
ated	ignature of a member or authorized representation	ve of a member

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Filing Fee: \$25.00