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COVER LETTER

	_	itration Section of Corp				
SUBJEC	T,	CAVIAR FI				
SOBJEC						
The enclo	osed /	Articles of A	Amendment and fee(s) are sul	omitted for filing.		
Please ret	turn a	ll correspor	idence concerning this matter	to the following:		
				_		
				Name of Person		
			THE LAW OFFICE OF F	<u> </u>		
				Firm/Company		
3785 NW 82ND AVENUE, SUITE 106						
				Address		
MIAMI, FLORIDA 33166						
			EDANKCII LAW@GMAI	City/State and Zip Code		
			FRANKGILLAW@GMAI E-mail address:	to be used for future annual report notifi	cation)	
For further	er info	ormation co	ncerning this matter, please of	alt:		
FRANK	E. GI	L, ESQUIR	.E	305 436-8005		
	_	Name of	Person	at ()	Telephone Number	
Enclosed	is a c	heck for the	e following amount:			
■ \$25.0	00 Fill	ing 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)	()
					· 	
F I	Regis Divis	og Address stration Se sion of Co Box 6327	ection rporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations	,
Т	Γalla	hassee, Fl	L 32314		Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAVIAR FINANCIAL HOLDINGS, LLC	C	
(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	_
The Articles of Organization for this Limited Liability	y Company were filed on 06/18/2021	and assigned
lorida document number L21000284580	·	
his amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	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 AD	DRESS)	
		· -
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register	red office address on our records, enter the na	me of the new regis
gent and/or the new registered office address here	£:	- 42
		•
Name of New Registered Agent:		····
New Registered Office Address:		•
	Enter Florida street address	mer .
	T11	
	, Florida _	 —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 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>	Name	Address	Type of Action
MGR	RENE DAVID BRILLEMBOURG	1470 NW 107TH AVENUE, SUITE E	≘ Add
		MIAMI, FL 33172	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗀 Add
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ective date, if other than the of a effective date is listed, the date must te: If the date inserted in this blocks are the date on the Department's effective date on the Department of the Departmen	date of filing: be specific and cannock does not meet t	ot be prior to date o he applicable sta	f filing or more than 9	(optional) 90 days after filing ements, this date)) Pursuant to	 605.020' listed as
record specifies a delayed effective is filed.	date, but not an ef	fective time, at 1	2:01 a.m. on the ea	arlier of: (b) T	he 90th day a	fter the
is filed.						
Ш.У 14	203	21				
	20:	21				
ated JULY 14	\n4/1		presentative of a men			