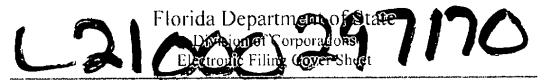
5/20/22, 3:10 PM

Division of Corporations



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(((H22000180558 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 : (786)713-1940 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROPIETAR, LLC

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

H220001805583 +

PROPIET	TAR, LLC		
Name of the Limited Liability Compa (A Florida Limited)	ny as It now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on	06/25/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company hero	<b>2</b> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	gnation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:	8175 NW 12 ST	SUITE 120	202
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 331	26	<b>TK</b>
Enter new mailing address, if applicable:	8175 NW 12 ST		- P
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 331	26 	<u> </u>
			7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		ords, <u>enter the nam</u>	e of the new registere
New Registered Office Address:	8175 NW 12 ST SUITE 120		
•	Enter Florida street oddress		
	DORAL	, Florida	33126
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and I am fo apter 605, F.S. Or,	amiliar with and if this document is
H.Cha.	nin Degitered Agen	, Signature of New Reg	isterni Avent
11 \ (.na)	of ma weign teten when	A TANKET AND THE PARTY COME	<u></u>

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## 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>	Address	Type of Action
MGR	NEW CAPITAL MANAGEMENT LLC	3125 NE 163 ST	
		NORTH MIAMI BEACH, FL 33160	☑Rcmove
			Change
MGR	MIKULAS, GABRIEL HORACIO	8175 NW 12 ST SUITE 120	[2]Add
		DORAL, FL 33126	□Remove
			DAdd
			Remove
			Change
			🗀 Add
			□Remove
	÷ .		□Change
<del></del>			
			□Remove
			Change
			□Add
	•		□Remove
			□Change

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effo	re date, if other than the date of filing: (optional)  Trive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
e: 1:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
щис	in a circulate date on the Department of State a control
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed_	MAY 18TH 2022
	Míln M
	Signature of a member or authorized representative of a member