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SECRETARY OF STATE
TALLAHASSEF FA

COVER LETTER

TO:

Registration Section

Division of Corporations Bernoulli Growth Capital LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Molly Butler Name of Person Bernoulli Growth Capital LLC Firm/Company 403 Anastasia Blvd. Address St. Augustine, FL 32080 City/State and Zip Code mbllyannbutler@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Molly Butler 325-0843 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bernoulli Growth Capital LLC

	(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our rec lability Company)	cords.)
The Articles of Organization	n for this Limited Liability Company	were filed on July 12, 2021	and assigned
Florida document number <u>I</u>			
This amendment is submitte	d to amend the following:		
A. If amending name, ent	er the new name of the limited liabi	lity company here:	
The new name must be distinguis	hable and contain the words "Limited Liabili	ty Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal office	address, if applicable:		2027 SE
(Principal office address M	UST BE A STREET ADDRESS)		ACR OC
Enter new mailing address (Mailing address MAY BE) B. If amending the registe agent and/or the new regis Name of New Registered Of	A POST OFFICE BOX) red agent and/or registered office a lered office address here: stered Agent:	ddress on our records, <u>en</u>	
			Florida Zip Code
New Registered Agent's Sign	ature, if changing Registered Agent:		·
provisions of all statutes re accept the obligations of m		performance of my duties, rovided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is that the limited liability

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
AMBR	Butler & Butler Properties LLC		□Add
		403 Anastasia Blvd., St. Augustine, FL 32080	≣Remove
			□Change
COO	Patria Kunde		□Add
		403 Anastasia Blvd., St. Augustine, FL 32080	\alpha Remove
			□Change
AP	Kelly A. Truman		□ Add
		403 Anastasia Blvd., St. Augustine, FL 32080	Remove
			□ Change
			□Add
			Remove SECRETARIAN
			Add CSET Change
			□ Add
			□Remove
			□Change

D. If ame	ending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff <u>Note:</u>	ective date is listed, the If the date inserted	han the date of filing: date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.	(3)(b) the
If the record record is fil		deffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the	
Dated	October 10	. 2022	
	W	Signature of a member or authorized representative of a member	
		Signature of a member or authorized representative of a member Nolly Buttle Typed or printed name of signee	
		Typed or printed name of signee	

Filing Fee: \$25.00