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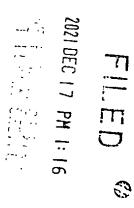
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C. BRUMBLEY
JAN - 4 2022

## **COVER LETTER**

TO:

Registration Section

Division of Corporations				
	da Capital, LLC.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Gary I. Handin			
		Name of Person		
	Law Offices of Gary I. Ha	ndin, P.A.		
		Firm/Company		
	3111 University Drive -Su	ite 605		
		Address	<del></del> -	
	Coral Springs, Florida 330	65		
	TDalca-9201 @amail	City/State and Zip Code		
	TBaker8201@gmail.com E-mail address: (	to be used for future annual report not	iffication)	
For further information co	oncerning this matter, please ca	all:		
Gary I. Handin		954 796-9600		
Name of	Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$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)	
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Florida Capital, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 20, 2021 and assigned Florida document number 1.21000329353 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4 West Las Olas Boulevard # 1409 Enter new principal offices address, if applicable: Fort Lauderdale, Florida 33302 (Principal office address MUST BE A STREET ADDRESS) 4 West Las Olas Boulevard #1409 Enter new mailing address, if applicable: Fort Lauderdale, Florida 33302 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

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	Francisco Cedeno	10000 Sheridan Street, #310, Pembroke Pines, FL	
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			□Remove
		□Change	
			🗆 Add
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
If the recor	rd 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 led.
Dated	December 16, 2021
	Signature of a member or authorized representative of a member
	Taylor Baker

Filing Fee: \$25.00

Typed or printed name of signee