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COVER LETTER

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cubico		PITAL HOLDINGS LLC		
SUBJEC	·1:	Name of L	imited Liability Company	
The enclo	osed Article	s of Amendment and fee(s) are s	ubmitted for filing.	
Please re	turn all corr	espondence concerning this matt	er to the following:	
	Division of Corporations A3 CAPITAL HOLDINGS LLC Name of Limited Liability Company Please return all correspondence concerning this matter to the following: Paul Adrianse Name of Person A3 CAPITAL HOLDINGS LLC Firm*Company 8490 Cabin Hill Road Address Tallahassee. FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paul Adrianse Name of Person Area Code Tallahassee. FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paul Adrianse S59-8799 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Division of Corporations			
			Name of Person	
		Name of Limited Liability Company And Capital Holdings LLC Name of Limited Liability Company Anticles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: Paul Adrianse Name of Person A3 Capital Holdings LLC Finn/Company 8490 Cabin Hill Road Address Tallahassee, FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: (to be used for future annual report notification) remation concerning this matter, please call: Area Code Name of Person Area Code Certificate of Status Certified Copy (additional copy is enclosed) Tallahassee, FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: Certified Copy (additional copy is enclosed) Tallahassee, FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: Certified Copy (additional copy is enclosed) Tallahassee, FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: Certified Copy (additional copy is enclosed) Tallahassee, FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: Certified Copy (additional copy is enclosed) Tallahassee, FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: Certified Copy (additional copy is enclosed) Tallahassee, FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: Certified Copy (additional copy is enclosed) Tallahassee, FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: Certified Copy (additional copy is enclosed) Tallahassee, FL 32311 Tallahassee, FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: Certified Copy (additional copy is enclosed)		
	Division of Corporations T: A3 CAPITAL HOLDINGS LLC Name of Limited Liability Company Seed Articles of Amendment and fee(s) are submitted for filing. um all correspondence concerning this matter to the following: Paul Adrianse Name of Person A3 CAPITAL HOLDINGS LLC Finn/Company 8490 Cabin Hill Road Address Tallahassee. FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: isanse Name of Person Name of Person Name of Person Area Code Daytime Telephone Number Sis a check for the following amount: Of Filing Fee \$ \$30.00 Filing Fee \$ \$60.00 Filing Fee & \$60.00			
		8490 Cabin Hill Road		
	Division of Corporations A3 CAPITAL HOLDINGS LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Paul Adrianse Paul Adrianse Name of Person A3 CAPITAL HOLDINGS LLC Finn/Company 8490 Cabin Hill Road Address Talluhassee. FL 32311 City/State and Zip Code info@proplaygrounds.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Adrianse Name of Person Name of Person Name of Person A (S50) Daytime Telephone Number sed is a check for the following amount: 15.00 Filing Fee S30.00 Filing Fee S30.00 Filing Fee & Certified Copy (additional copy is enclased) Mailing Address: Registration Section Registration Section			
		Tallahassee, FL 32311		
	Division of Corporations Table State States and States			
				tification)
For furth	er informati			·
Paul Adı	rianse			
	Na	me of Person		ne Telephone Number
Enclosed	l is a check t	for the following amount:		
\$25.	00 Filing Fe		Certified Copy	Certificate of Status &
				antian
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Division of Corporations A3 CAPITAL HOLDINGS SUBJECT: The enclosed Articles of Amendment and Please return all correspondence concerning Paul Adrians A3 CAPITAL B490 Cabin B Tallahassee. info@proplay E- For further information concerning this may paul Adrianse Name of Person Enclosed is a check for the following amo \$\begin{align*}				

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A3 CAPITAL HOLDINGS LLC		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{08/06/2}{}$	021 and assigned
Florida document number L21000355367	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
NA		
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	2022
(Principal office address MUST BE A STREET AD)	DRESS)	217
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	3 R S.
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: NA	2:	ds, enter the name of the new registere
		·
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	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>	<u>Name</u>	Address	Type of Action
MGR	Alana C Adrianse	8490 Cabin Hill Road	□Add
		Tallahassee, FL 32311	■Remove
			Change
			□Add
			□ Remove
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fective date, if other than the	date of filing:	(optional)	
n effective date is listed, the date mus ste: If the date inserted in this blo	t be specific and cannot be prior to date of to ock does not meet the applicable statu	illing or more than 90 days after filing.) Pursuant to tory filing requirements, this date will not be	605.020 listed as
cument's effective date on the Do	epartment of State's records.		
			6 1
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90th day a	atter the
ted March 30th	. 2022		
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(Signature of a member or authorized repre	\$ s	

Filing Fee: \$25.00