L21000371745

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dacument Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | | istration Sec sion of Corp | | | | | | |
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| cup tez | or. | MID CAPIT | AL LLC | | | | | |
| SUBJEC | u I i i | | Name of Limited Liability Company | | | | | |
| The encl | osed | Articles of A | mendment and fee(s) are sub | omitted for filing. | | | | |
| Please re | eturn - | all correspon | dence concerning this matter | to the following: | | | | |
| | | | Juan Jose Ortiz Abraham | | | | | |
| | | | | Name of Person | 7 | - | | |
| | | | Zion Capital Holdings LL | C | | | | |
| | | | | Firm/Company | | - | | |
| | 905 Brickel Bay Dr Apt 821 | | | | | | | |
| | | | | Address | | - | | |
| | | | Miami, Florida, 33131 | | | | | |
| City/Sta juanjortiz83@gmail.com | | | | City/State and Zip Code | | - | | |
| | | | E-mail address: (| to be used for future annual repor | rt notification) | | | |
| For furth | er int | ormation cor | ncerning this matter, please co | all: | | | | |
| Juan Jose Ortiz Abraham | | 305 632692 | | | | | | |
| | | Name of I | Person | Area Code D | aytime Telephone Number | 2021/DEC | | |
| Enclosed | lis a c | check for the | following amount: | | | FATE 100 1 | | |
| ■ \$25.0 | 00 Fi | ling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed |) Certified | te of Status 🎉 💮 | | |
| | | | | | | | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mid 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 08/18/2021 _____ and assigned Florida document number <u>1.21000371745</u> 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 , Florida

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.

New Registered Agent's Signature, if changing 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> | Name | <u>Address</u> | Type of Action |
|--------------|------------------------------|---|----------------|
| AMBR | Luis Gonzalo Pasos Fernandez | 1001 BRICKEL BAY DRIVE #2700 D-2. Miami. Fl | ≣ Add |
| | | | □Remove |
| | | · | □Change |
| AMBR | Felix Jose Sansores Barquín | 1001 BRICKEL BAY DRIVE #2700 D-2, Miami, Fl | ≣Add |
| | | | □Remove |
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| La ere | ive date, if other than the date of fi ective date is listed, the date must be specific | | | | 7. 0.38 | 2024 |
| Effect (If an ett | ective date is listed, the date must be specific | and cannot be prior to | o date of filing or mor | than 90 days after ti | ial片美 lingprluisua | un |
| Note: | If the date inserted in this block does need's effective date on the Department of | ot meet the applical | ble statutory filing | requirements, this o | late孙肝 no 宗之 | t <u>be</u> listed a <u>s </u> ါ တ |
| | | | | | (585) (585) | |
| | d specifies a delayed effective date, but | not an effective tin | ne, at 12:01 a.m. on | the earlier of: (b) | The 90th | day-after the * |
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