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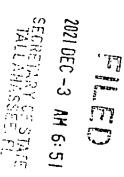
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COVER LETTER

	stration Section of Corp			•	
F	PEQUIN ÇA	APITAĻ LLC	. •	• •	•
SUBJECT: _		Name of Lim	ited Liability Company		· · · · ·
The enclosed	Articles of i	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspoi	ndence concerning this matter	to the following:		
		Fabio Quintero			
			Name of Person		
		PEQUIN CAPITAL LLC			
			Firm/Company		
		7345 Sand Lake Rd # 408			
			Address		
		Orlando, FL 32819			
			City/State and Zip Code		
		mrovira@lapazgrp.com			
			to be used for future annual	report notificati	on)
For further inf	ormation ec	oncerning this matter, please ca	ull;		
Maria Rovira			407 227 at ()	73506	
	Name of	Person	Area Code	Daytime Tel	ephone Number
Enclosed is a c	check for th	c following amount:			
≡ \$25.00 Fil	ling Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address		Street Ac		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Talls	ahassee F	T 32314	2415 N	Monroe St	reet Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC -3 AM 6:51

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appea grow for records.)) ed Liability Company) TALLAHASS	F STATE EE, FL
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000437652</u> .	any were filed on 10/06/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "I.I.C" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
	.	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		a
	, Flori	da 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
AMBR	Marcella Silva	7345 Sand lake Rd #408	□Add
		Orlando, FL 32819	≡ Remove
			□Change
AMBR	Marcella Pedraza	7345 Sand lake Rd # 408	≣ Add
		Orlando, FL 32819	□Remove
			□Change
			□ Add
			□Remove
			🗀 Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

. 11 4111611	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
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_	
(It an effect Note: 1	e date, if other than the date of filing:
the record ord is 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 d.
Dated _	NOVEMBER 4 2021.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	typed or printed name of signee