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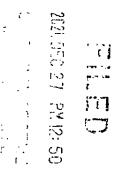
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COVER LETTER

	tion Section of Corporations		
	ITAL MAKERŞ LLC	*	
SUBJECT:	·		
	Name of Lir	mited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	r to the following:	
	Juan M Restrepo Restrepo		
	•	Name of Person	
	CAPITAL MAKERS LLC	:	
		Firm/Company	
	5900 SW 127 AVE APT 3	419	
		Address	
	MIAMI, FL. 33183		
	juanmiguel.rpo@gmail.cor	City/State and Zip Code	
	,	tto be used for future annual report notification)
For further informa	ation concerning this matter, please	call:	/
Juan M Restrepo R	<u> </u>	+57 314 8799304	: -1
		at ()	
:	Name of Person	Area Code Daytime Telep	hone Number
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	k for the 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 A	Address: Ition Section	Street Address: Registration Section	
~	n of Corporations	Division of Corporati	ions
P.O. Bo		The Centre of Tallaha	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL MAKERS 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 _____ and assigned Florida document number ______ 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." 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

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.

City

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	Carlos Betancurt	5231 SW 149TH AVE Miramar FL 33027	= Add
			□Remove
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			□Remove
			□Change
<u>_</u>			□Add
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			□Change

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