## 21000443304

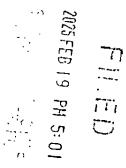
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
	S CAPITAL HOLDINGS, LI	LC			
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:			
		JENNY P. TORRES			
		Name of Person			
		Firm/Company			
		3781 OAK RIDGE LANE			
		Address	·		
		WESTON, FL 33331			
		City/State and Zip Code			
		ENPTORRES1@GMAIL.COM to be used for future annual report no			
For further information of	oncerning this matter, please of	·	ппсакоп		
JENNY P. TORRES		954 3800208			
	C 40	at ()	TO 1 and a second second		
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for th	ne 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		Street Address:	nation		
Registration S Division of C		Registration S Division of Co			
P.O. Box 632	•	The Centre of	Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEASHELLS CAPITAL HOLDINGS, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) ony)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L21000443304	n OCTOBER 11, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny 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:	2
(Principal office address MUST BE A STREET ADDRESS)	··· N
	(t) (t)
Enter new mailing address, if applicable:	79 111
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	r Florida street address
Enne	r rioriaa sireei aaaress
City	, FloridaZip 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>	<u>Address</u>	Type of Action
AMBR	EILEEN DIANE MURIEL	1972 CRESTVIEW WAY	
		NAPLES, FL 34119-3302	□Remove
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1 Jenny P. Torres		\			_			

Filing Fee: \$25.00