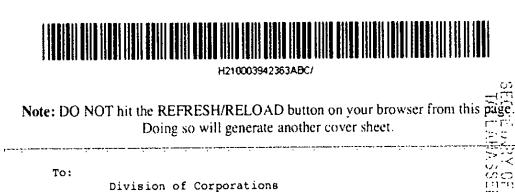
10/22/21, 1:54 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000394236 3)))



From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Fax Number : (850)617-6383

**Enter	the	email a	ıddress	for	this	busin	ess	entity	to	be	used	for	future
an	nual	report	mailin	gs.	Enter	only	one	email	add	ress	ple	ase.	* * 1

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FARKAS & CO HOLDINGS, LLC

Certificate of Status	0
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARKAS & CO HOLDINGS, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Florida document number L21000452704		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Farkas Capital Holdings, LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	ed office address on our records	SECTION 22 PAR PROPERTY OF THE PARTY OF THE
agent and/or the new registered office address here:	eu ornee actusess on our records	52
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect	address
		, Florida
	City	Zip Cade

New Registered Agent's Signature, if changing Registered Agent:

14154847068

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>	Name	Address	Type of Action
MGR	ELI WISHNIVETSKI	407 LINCOLN RD STE 701	® Add
		MIAMI BEACH, FL 33139	□Remove
			□ Change
			□Add
			☐ Change
			DAdd
			Remove
			Change
			CIAdd
			□Remove
			Change
			□Add
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			☐ Change

		
		
		
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C. Effective date, if other than the office (If an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the De	date of filing:	nt to 605.0207 (3)(t be listed as the
the record specifies a delayed effective ecord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	lay after the
Dated October 22	2021	
	pel	
	Signature of a member or authorized representative of a member	
Joseph Panholzer, Attorr	ney-in-Fact	
	Typed or printed name of signee	

Filing Fee: \$25.00