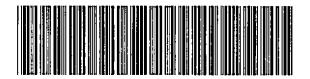
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OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

	istration Se ision of Cor						
SUBJECT:	CORRECT	NAME OF "VEGABOND CA	APITAL LLC" TO "VAGABONE	CAPITAL LLC"			
SUBJECT:		Name of Limi	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:				
		Brandon Lee Spivack, JD.,	LL.M.				
		· 	Name of Person				
		SPIVACK LAW, A PROF	ESSIONAL CORPORATION				
Firm/Company							
		1255 TREAT BOULEVAR	RD, SUITE 300				
		Address					
		WALNUT CREEK, CALIFORNIA 94597					
			City/State and Zip Code				
		Brandon@Spivack.law					
		E-mail address: (to be used for future annual report no	tification)			
For further in	iformation c	oncerning this matter, please ca	all:				
Brandon Lee Spivack			925 322-9643 at ()				
	Name o	f Person		ne Telephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Reg	iling Addres		Street Address: Registration Solution of Co				
	7. Box 632		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vegabon Capital LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited)	ny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited L Florida document number L21000488276 This amendment is submitted to amend the following the control of the		were filed on November E	2, 2021	and assigned
A. If amending name, enter the new name o	Ü	ility company horos		
Vagabond Capital LLC	i the mined hab	mty company nere.		
The new name must be distinguishable and contain the w	vords "Limited Liabi	hity Company," the designation	"LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>e</u>	nter the name	of the new registere
Name of New Registered Agent:	N/A			2021 NOV
New Registered Office Address:	N/A			
		Enter Florida street a	ddress	9
		City	Florida	30 B
New Registered Agent's Signature, if changing	Registered Agent:	-		Zia Coste 12: 28
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as registered office change.	ee to act in this capacity. performance of my dutie provided for in Chapter (s, and I am fo 505, F.S. Or, m that the lim	ee to comply with the amiliar with and if this document is ited liability

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
N/A	· 	·	□Add
		·····	□Remove
			□Change
			□Add
			□Remove
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	/	Signature	of a member of a	thorized repres	sentative of a me	mber		
_		Signature ovack, J.D., LL.M			sentative of a me	ember		

Filing Fee: \$25.00