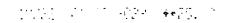
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T. MATTHEWS

JAN 25 2022

COVER LETTER

TO: Registration S Division of Co			
700CAPIT SUBJECT:	AL LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DIOSMEIKER G CEDEN	O CORONADO	
		Name of Person	
	700CAPITAL LLC		
	V-1-18-1-1-1	Firm/Company	
	4171 SW 49TH CT		
		Address	
	DANIA BEACH, FL 3331	4	
	HCPHPADDECA CANAL	City/State and Zip Code	
	USTUEMPRESA@GMAH E-mail address: (ACOM to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
DIOSMEIKER G CEDI	ENO CORONADO	786 340-0372 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Mailing Address	i <u>s:</u> Santian	Street Address:	·

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

700CAPITAL LLC

22 311 12 131 31 31

(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 $\frac{11/22/2021}{11/22/2021}$ Florida document number 1.21000501888 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA 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: DANKEN SOLUTIONS LLC Name of New Registered Agent: 19370 COLLINS AVE APT 1014 New Registered Office Address: Enter Florida street address ______, Florida 33460 Zip Code SUNNY ISLES BEACH

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.

Danisla Pulido
If Changing Registered Agent, Signature of New Registered Agent

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
MGRM	KEVIN W GALVEZ	4171 SW 49TH CT	
		DANIA BEACH, FL 33314	≡ Remove
			□Change
MGR DIOSMEIKER G CEDENO CORC	4171 SW 49TH CT	□Add	
	DANIA BEACH, FL 33314	= Remove	
			□Change
MGR	MGR DANIELA PULIDO	19370 COLLINS AVE 1014	■Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□ Change
NA	NA NA	NA —	□Add
		□Remove	
		□Change	
NA	NA	NA	□Add
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			□ Change

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