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| Special Instructions to F | iling Officer:   |             |
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S. PRATHER

## **COVER LETTER**

| TO: Registration S<br>Division of Co       |   |   |   |  |
|--|---|---|---|--|
| Cuesta Cap                                 |   |   |   |  |
| SUBJECT: Name of Limited Liability Company |   |   |   |  |
| The enclosed Articles of                   | Amendment and fee(s) are sub                          | omitted for filing.   |   |  |
| Please return all correspondence           | ondence concerning this matter                        | to the following:   |   |  |
|  | Michael Dempsey                                       |   |   |  |
|  |   | Name of Person  |   |  |
|  | ZenBusiness Inc.                                      |   |   |  |
|  |   | Firm/Company  |   |  |
|  | 5511 Parkerest Drive Suite                            | e 103   |   |  |
|  |   | Address   |   |  |
|  | Austin, Texas, 78731                                  |   |   |  |
|  |   | City/State and Zip Code   |   |  |
|  | fulfillment@zenbusiness.co                            |   |   |  |
| For further information of                 | E-mail address: (<br>concerning this matter, please c | (to be used for future annual report no<br>all:                     | tification)   |  |
| Michael Dempsey e/o Z                      | -   | 844 493-6249  |   |  |
| Name (                                     | of Person   |   | me Telephone Number   |  |
| Enclosed is a check for t                  | he following amount:                                  |   |   |  |
| <b>≡</b> \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| <u>Mailing Addre</u><br>Registration       |   | <u>Street Address:</u><br>Registration So                           | ection  |  |
| Division of Corporations                   |   | Division of Co  | orporations   |  |
| P.O. Box 631                               |   | The Centre of   |   |  |
| Tallahassee, FL 32314                      |   | 2415 N. Monroe Street, Suite 810                                    |   |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Cuesta Capital 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  $\frac{2022-01-03}{1}$ Florida document number  $\underline{1.21000505570}$ 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." 2511 Luther Road Enter new principal offices address, if applicable: Apt 915 (Principal office address MUST BE A STREET ADDRESS) Punta Gorda, FL 33983 2511 Luther Road Enter new mailing address, if applicable: Apt 915 (Mailing address MAY BE A POST OFFICE BOX) Punta Gorda, FL 33983 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.

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> | <u>Address</u> | Type of Action |
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| ffective date, if other than the of an effective date is listed, the date must Sote: If the date inserted in this bloocument's effective date on the Dep | ck does not meet the a   | pplicable statutory fili: | (optional nore than 90 days after tiling ng requirements, this date | )<br>3.) Pursuant to 605.02<br>2 will not be listed | 207<br>l as          |
| record specifies a delayed effective<br>d is filed.  | date, but not an effecti | ive time, at 12:01 a.m.   | on the earlier of: (b) T  |   |                      |
| March 23   | . 2022                   | ·                         |   | TALLAHASSEE.  | onoo APR 28 PM 4: 18 |
|  |                          |                           |   |   | ž                    |
| /s/ Jeffrey Cuesta   | ignature of a member or  |                           |   | co∑` r  | $\sim$               |

Filing Fee: \$25.00