L22000) 19556

(Reques	stor's Name)
(Addres	s)
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(City/Sta	ite/Zip/Phone #)
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(Busines	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer.
	J. HORNE
	JUL 2 5 2022

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COVER LETTER

TO:	Registration (Division of Co	Section Orporations	•	•	Open Politics
				.3 b	MS.
SUBJE	Prodigi Pi CT:	ublic Affairs, LLC			
		Name of Li	mited Liability Company		
The end	losed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please r	return all corresp	ondence concerning this matte	r to the following:		
		Brian May			
			Name of Person		
		Capital City Consulting-M	Aiami, ELC		
			Firm/Company		
		235 Catalona Avenue			
			Address		
		Coral Gables, FL 33134			
			City/State and Zip Code		
		bmay3@me.com			
		E-mail address: (to be used for future annual report	notification)	
For furth	er information c	oncerning this matter, please c	all:		
			at ()		
	Name o	f Person	Area Code Day	time Telephone	Number
Enclosed	is a check for th	e following amount:			
□ \$ 25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C	50.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)

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

Street Address:

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

Prodigi Public Affairs, LLC

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)

		The Alexander
The Articles of Organization for this Limited Lia	bility Company were filed on January 10, 2022	and assigned
Florida document number L22000019556		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
Capital City Consulting - Miami, LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET		
		
Enter new mailing address, if applicable,		
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Mailing address MAY BE A POST OFFICE Bo	eistered office address on our records, enter the n	
(Mailing address MAY BE A POST OFFICE Bo	eistered office address on our records, enter the n	
(Mailing address MAY BE A POST OFFICE Bo	eistered office address on our records, enter the n	
Mailing address MAY BE A POST OFFICE Bo	eistered office address on our records, enter the n	
Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	eistered office address on our records, enter the n	
Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, enter the na	
(Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, enter the na here: Enter Florida street address	ame of the new registe
(Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, enter the na	ame of the new registe

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>	Address	Type of Action
MGR	Brian May	235 Catalona Avenue	≣ Add
		Coral Gables, FL 33134	
			□ Change
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Effective date, if other than the date (If an effective date is listed, the date must be so Note: If the date inserted in this block document's effective date on the Department.	loes not meet the applica	to date of filing able statutory	or more than 90 days filing requirement	(optional) s after filing.) Pursua s, this date will no	nt to 605.0207 (3) t be listed as the
ne record specifies a delayed effective date ord is filed.	e, but not an effective tir	me, at 12:01 a	.m. on the earlier o	of: (b) The 90th o	lay after the
Dated	, 2022	<u> </u>			
12	Muy				
Signa	ature of a member aroutho	orized representa	ative of a member		
Brian May					

TOTAL TO AMERICA

COVER LETTER

'TO: 'Reg Divi	istration S ision of Co	ection rporations		
SUBJECT:		blic Affairs, LLC		
BODGECT.		Name of Li	mited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are su	ibmitted for filing.	
Please return	all correspo	ondence concerning this matte	er to the following:	
		Brian May		
			Name of Person	
		Capital City Consulting-M	Miami, LLC	
			Firm/Company	
		235 Catalona Avenue		
			Address	
		Coral Gables, FL 33134		
		bmay3@mc.com	City/State and Zip Code	
		E-mail address:	to be used for future annual report noti	fication)
For further info	ormation co	oncerning this matter, please c	all:	
	Name of	Parron	at ()	
	rank or	r CISOH	Area Code Daytimo	Telephone Number
Enclosed is a cl	heck for the	following amount:		
□ \$25.00 Fili	ng 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)
	ıg Address:		Street Address:	
Regis	tration Se	ection	Registration Sec	tion

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