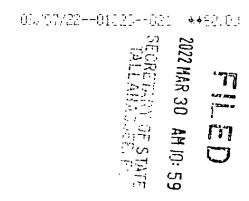
h22 000037385

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	_
(City	//State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Dox	cument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
litles		

Office Use Only



800382733328



A. BUTLER APR 0 9 2022

COVER LETTER

TO: Registration Se Division of Cor			
	Company LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Ronald Clayton		
		Name of Person	
	The CapX Company LLC		
		Firm/Company	
	835 Morning Star Drive		
		Address	
	Lakeland, Florida 33810		
		City/State and Zip Code	
	Ron@TheCapXCo.com	to be used for future annual report no	Hearies)
For further information of	oncerning this matter, please co	-	interestion)
Ronald Clayton		813 900-5191 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The CapX Company LLC

company has been notified in writing of this change.

2022 HAR 30 AM II: 00

(Name of the Limited Liabili	ity Company as It now appears on our records,)	
(A Florid	Ity Company as It now appears on our records, a Limited Liability Company)	JE STATE SEELEL	
The Articles of Organization for this Limited Liability O	Company were filed on January 13,2022	and assigned	
Florida document number L22000037385	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	he name of the new regi	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Files	171 a - 14 a -	
	, Flor	Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent	and agree to act in this capacity. I furt	ther agree to comply wi	
provisions of all statutes relative to the proper and o			

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

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>	Name	Address	Type of Action
MGRM	Ronald Clayton	835 Morning Star Drive	■Add
		Lakeland, Fl 33810	□Remove
			Change
MGRM Heather Clayton	Heather Clayton	835 Morning Star Drive	□Add
		Lakeland, Fl 33810	□Remove
		□ Add	
			□Remove
			□Change
		□Add	
			□Remove
			□Change
		□Add	
		□Remove	
			Change
			□ Add
			Петоvе
			Change

 			 	
	·			
				
				
				
			<u>-</u>	·- ·-
				
				
Effective date if other than the d	ate of filings		(antion	al)
Effective date, if other than the d If an effective date is listed, the date must b	xe specific and cannot be p	rior to date of filing or m	ore than 90 days after fil	ng.) Pursuant to 605.0207 (
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the appartment of State's reco	plicable statutory filing	g requirements, this d	ate will not be listed as t
•				
ne record specifies a delayed effective	date, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ord is filed.		·		-
M 131	2022			
Dated March 21		<u></u> •		
0 00 DA	 			
Genala ()	ofton	· . · · · · · · · · · · · · · · · · · ·		
S	ignature of a member or a	uthorized representative	of a member	
Genald Co	ignature of a member or a	uthorized representative	of a member	

Filing Fee: \$25.00



2022 HAR 30 AM 10: 39

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY IN STATE TALLAHASSEE, FL

March 17, 2022

RONALD CLAYTON 835 MORNING STAR DRIVE LAKELAND, FL 33810

SUBJECT: THE CAPX COMPANY LLC

Ref. Number: L22000037385

We have received your document for THE CAPX COMPANY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 922A00006317