

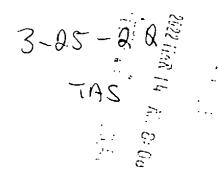
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Se Division of Co			
eud irz		apital services llc		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		livesta Metayer		
			Name of Person	
		Metayer capital services Ile	:	
			Firm/Company	
		460 ne 147 terrace		
			Address	
		MIAMI, FL, 33161		
		LIVESTAMETAYER@yal	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furth	ner information of	concerning this matter, please co	all:	
livesta N	vietayer		786 8300773	
	Name o	of Person		me Telephone Number
Enclosed	d is a check for t	the following amount:		
■ \$2 5.	.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 Addre Registration		Street Address: Registration S	ection
	Division of C	Corporations	Division of Co	orporations
	P.O. Box 632	27	The Centre of	Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metayer capital services llc		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000063380</u>	ompany were filed on february 07,	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	<u>ESS)</u>	201
Enter new mailing address, if applicable:		n :
(Mailing address MAY BE A POST OFFICE BOX)		* 37
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my dutie gent as provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is

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
MGR	Yolanda Metayer	460 ne 147 terrace	□Adđ
			■Remove
	Metales		Change
MGR	Metayer LIVESTA METAYER	460 ne 147 terrace	■Add
			Remove
			Ghange '
			□Add
		-	□Rennove
			□Change
			DAdd
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			Change
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			□Change

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following		on the earlier of: (b) The 90th day aft
	03/04/2012	
Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of	of a member

Filing Fee: \$25.00