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(Business Entity Name)
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## **COVER LETTER**

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SUBJEC	· I · ·		ited Liability Company	<del></del> .
The enclo	BIECT:    Annual Comparison of Corporations   Annual Company			
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Matthew Dubbanch	Name of Limited Liability Company  d fee(s) are submitted for filing.  hing this matter to the following:  ubbanch  Name of Person  Firm/Company  an Tree Pl  Address  F1. 33578  City/State and Zip Code  gmail.com  E-mail address: (to be used for future annual report notification)  matter, please call:  1240  Area Code  271-7778  Daytime Telephone Number  hount:  illing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	
			Name of Person	
			Firm/Company	
		4405 Banyan Tree Pl		
			Address	<del></del>
		Riverview, Fl. 33578		
			City/State and Zip Code	
			to be used for future annual report not	ification)
For furth	er information c		·	
Matthew	Dubbaneh			
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			·	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Tallahassee, 1			Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 13 PM 2: 52

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The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/13/2022}{1.000}$ and assigned Florida document number 1.22000178052 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MY CAP Holdings LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4450 Banyan Tree PL, Riverview FL 33578 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Matthew Dubbaneh	4450 Banyan Tree PL, Riverview FL 33578	□Add
			□Remove
			<b>≡</b> Change
MGR	WORTHSHIRE GROUP LLC,	1507 E NORTH BAY STTAMPA. FL 33610	□Add
			□Remove
			□Change
			□Add
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, May 27th	2022			
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	Signature of a member or authorized re			