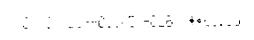


(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Division of C	Section Corporations	×	
	oital, LLC		
SUBJECT:	<u></u>		
	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.	
	spondence concerning this matte		
	Francisco J. Rodriguez		
	FJR Capital, LLC	Name of Person	
	4721 1st Ave SW	Firm/Company	
	Naples, FL 34119	Address	
	fjrrodriguez7@gmail.com	City/State and Zip Code	
For further information		(to be used for future annual report notification)	
Francisco Rodriguez	concerning this matter, please o	786 237-7185	
Name	of Person	at (e Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of C	Section	Street Address: Registration Section Division of Corporations	2923 MAR -7 2923 MAR -7 SECRETASI

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 of Tallahassee, FL 32303

AM 8: 55

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FJR 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 _____ 30th, 2022 _ and assigned Florida document number 1.22000294948 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rodriguez Capital, LLC The new name must be distinguishable and contain the words "Limited 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 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

___. Florida ___

5

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
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			□Remove
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ote: If the date inserted in ocument's effective date or	i this block does no	ot meet the applica	ible statutory filin	g requirements, this	date will not l	be listed as
ecord specifies a delayed of is filed.	effective date, but r	not an effective tin	ne, at 12:01 a.m. (on the earlier of: (b)	The 90th da	y after the
med February	18th	1013	 ·		S	2
	Signature of	a member or author	rized representative	of a member	ECRE I	i F
Francisco J. Rodi			Z,		SSYLL O ARB	## .779
		Typed or printed	I name of signee		राजि 🚅	