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SECRETARY OF STATE

2022 OCT 13 AH ---

COVER LETTER

	gistration Se ision of Cor			
SUBJECT:		DE CAPITAL II LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CESAR CEPEDA		
			Name of Person	
			Firm/Company	
		251 174 STREET		20
			Address	22 OC TALL
		SUNNY ISLES BEACH /	FL / 33160 City/State and Zip Code	TI3 AT
		CESARCEPEDA0508@GM	-	
For further is	nformation co	E-mail address: (to be used for future annual report not	2022 OCT 13 AM 9: 00 SECRETARY OF STATE TALLLANDSSEE FL
CESAR CE	PEDA		929 3698577 at ()	
	Name of	f Person		ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	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)
	iling Addres gistration S		Street Address: Registration Se	ection
Di	vision of C	orporations	Division of Co	rporations
	D. Box 632		The Centre of	
ı a	llahassee, I	TL 32314	Z410 IN. IVIONIO	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LION PRIDE CAPITAL II LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears or imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Cor Florida document number L22000412253	mpany were filed on $\frac{09/21}{}$.	20222 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 OCT 13 AM 9: SECRETARY OF ST TALL MIASSHE.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		. Florida
	City	Zip Code

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.

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	CLAUDIA VARGAS	251 174 STREET SUNNY ISLES BEACH FL 33160	_ □Add
			_ ≡ Remove
			_ □Change
			□Add
			_ 🗆 Remove
		SECRE!	Change
		ARY OF	□ Add □ Add □ GRemove
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable state	filing or more than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records.	atory ming requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12 is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 11 , 2022	
Signature of a member or authorized rep	