Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000132813)))



H240000132813ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 24 CAPITAL, LLC

Certificate of Status	0
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T. LEMIEUX

-JAN-1-1-2024

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Help

TO:

Registration Section

Tallahassee, FL 32314

COVER LETTER

Division of Cor	porations				
CHRIECT.	24 C	APITAL, 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	ndence concerning this matter	to the following:			
		Miguel A. Maspons, Esq.			
	*******	Name of Person			
	М	aspons Advisory Service	5		
	-	Firm/Company			
	232 Andalusia Avenue, Suite 200				
		Address			
	Co	oral Gables, Florida 33134	1		
		City/State and Zip Code			
		nas@mascorpserv.com to be used for future annual			
Park aka da ƙasar da a			report nout	ication)	
For further information c	oncerning this matter, please c	au:			
Vanessa M. Collazo		786 at ()		-1430	
Name o	f Person	Area Code	Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is enc		S60.00 Filing Fer Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Addres Registration S		<u>Street A</u> Registr	ddress: ation Sec	tion	
Division of C				porations	
P.O. Box 632	1	The Ce	nure of La	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 (CAPITAL, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	12/21/2022	and assigned
Florida document numberL22000533639	 .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
24 CAP	ITAL FL, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
		• • •	
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered	d office address on our re	ecords, enter the na	me of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street addr ess	
		, 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
			🗆 Add
			□Remove
			□Change
			□Add
		 	□Remove
			DChange
			□Add
			□ Remove
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Effective date	e, if other than the date of ite is listed, the date must be speci	filing:	to data of filing as many	(optional)	munet to 60\$ 0207 (3)
Note: If the d	ate inserted in this block does	ne and cannot be prior in an annual section in the	able statutory filing r	equirements, this date wil	not be listed as the
document's ef	fective date on the Departmen	nt of State's records.	, -	•	
he record specif ord is filed.	ies a delayed effective date, b	ut not an effective tii	me, at 12:01 a.m. on	the earlier of: (b) The 90	th day after the
	January V	2024			
Dated	January 8	1	-M. HM.	1	
		,	YP!!!! JI!]	•	
	P!	e of a member or autho	wand managed table of	a marnhae	

Filing Fee: \$25.00

Typed or printed name of signee