L23000066301



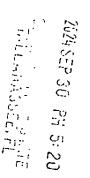
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COVER LETTER

TO: Registration S Division of Co		, est	
AIC CAP	ITAL SOLUTIONS LLC		
	Name of Lin	nited Liability Company	
The enclosed Actiology	f Amandayant and fines are and		
		-	
Please return all corresp	ondence concerning this matter	to the following:	
	DARIUSZ CZAJKOWSK	I	
		Name of Person	
		Firm/Company	
	3641 TURTLA RUN BLV	/D APT 922	
		Address	
	CORAL SPRINGS, FL 33	067	
	DARIUSZI@DUCK.COM	The of Limited Liability Company If are submitted for filing. If	
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	ail:	
DARIUSZ CZAJKOWS	SKI		
Name o	of Person		ine Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration Division of Control P.O. Box 633 Tallahassee,	Section Corporations 27	Registration S Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATC CAPTAL SOLUTIONS LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number 1.23000066301	iability Company were filed on 02	/06/2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		MASEP 30
Enter new mailing address, if applicable:		(0.7. 70
<u>Muiling address MAY BE A POST OFFICE</u>	<u> </u>	<u> </u>
		
 If amending the registered agent and/or igent and/or the new registered office addr 		ecords, enter the name of the new register
Name of New Registered Agent:	DARIUSZ CZAJKOWSKI	
New Registered Office Address:	3641 TURTLE RUN BLVD APT	¹ 922
	Enter Flo	rida street address
	CORAL SPRINGS	Florida 33067

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

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00