## L23000077625

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FILED 2023 MAR 13 AMII: 57 Secretary of Char

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## **COVER LETTER**

TO:

TO: Registration So Division of Cor					
CAPRISA	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	ondence concerning this matter	to the following:			
	LAZARO A. HERNANDI	÷Ζ			
	<del></del>	Name of Person			
	CAPRISA LLC				
		Firm/Company		202:	
	199 SW 12TH AVE APT :	313		2023 MAR Segreta	
		Address			
	MIAMI, FL 33130			AN II: 5	ED
	lazaroah05@gmail.com	City/State and Zip Code		:57	
For further information of	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notificall:	cation)		
LAZARO A. HERNAN	DEZ	305 3388899			
Name o	of Person		Felephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addre		<u>Street Address:</u> Registration Sect	ion		
Division of C	Corporations	Division of Corp	orations		
P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe		0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPRISA LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited I lorida document number L23000077625	Liability Company	were filed on 02/13/2023	and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name o	of the limited liah	oility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:		
<u> Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		2028
			2
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		199 SW 12TH AVE	
		APT 313	Ĭ D
		MIAMI, FL 33130	1. T
		-	7
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addro</li> </ol>		address on our records, <u>ent</u> o	er the name of the new regist
Name of New Registered Agent:	·		
New Registered Office Address:	199 SW 12TH	AVE APT 313	
		Enter Florida street addi	ress
	MIAMI	,1	Florida 33130
		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>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Change
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ective date, if other tha	n the date of filin	MARCH 8TI		(option	al)
effective date is listed, the date: If the date inserted in	his block does not	meet the applica	o date of filing or mo ble statutory filing	re than 90 days after fi requirements, this (	ling.) Pursuant to 605,020 fate will not be listed a
nument's effective date on	the Department of	State's records.			
cord specifies a delayed et s filed.	fective date, but no	a an effective tin	ne, at 12:01 a.m. o	the earlier of: (b)	The 90th day after the
MARCH 8TH		2023			
.ea		700	<b>-</b> '		
ed	1	γ (۱)			
led	Signature of		ized representative o		