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2024 MAR 20 PM 4: 40 SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT:	CAPITA	NS CONDO LLC		
	Name of Limi	ted 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:		
	ŀ	Haile Pegues		
		Name of Person		
	c/o: Blue	door Enterprises l		
		Firm/Company	7. 23.50 14.70	(عص
	235 N.E.	9101	ة عدي- د-:	
		Address	元 元	; 5**
	Delray	2024 MAR 20 PH 4: 40 2024 MAR 20 PH 4: 40 483	; ; ; ;	
		City/State and Zip Code		
		team-bluedoor.c	OIII	,
For further information c	oncerning this matter, please ca	all:		
	A. Rhoden, Esq.			
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 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)	ı
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Se Division of Cor	porations	
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	'allahassee e Street, Suite 810	
i alialiassee,	: L JLJ 1 T	211211.1.20110		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITANS C					
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)				
The Articles of Organization for this Limited Liability Company w Florida document numberL23000107219		23 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ty company here:				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applicable:	235 N.E. 4th Avenue, Suite 101				
(Name of the Limited Liability Company (A Florida Limited L Articles of Organization for this Limited Liability Company ida document number	Delray Beach, Florid	a 33483			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	235 N.E. 4th Avenue Delray Beach, Florid	- 			
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	Idress on our records, enter the nam	e of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	<u> </u>				
	Enter Florida street address				
	, Florida	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
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		TAL.	□ Add
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Filing Fee: \$25.00