L2300036189/

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10/23/24--01028--019 **25.00

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2024 OCT 23 AM 8: 31

COVER LETTER

MULTIP SUBJECT:	LICAMINI LLC		
30b3EC1.	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jonathan Freitas Gualberto)	
		Name of Person	
	MULTIPLICAMINI LLC		
		Firm/Company	
	911 Lyons Rd #2102		
		Address	
	Coconut Creek, FL, 33063	ı	
		City/State and Zip Code	
	jon_gualberto@hotmail.cor		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Jonathan Freitas Gualb	erto	561 8093559 at ()	
Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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)

Mailing Address:

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2024 OCT 23 AM S

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco	ords.) AM 8:31
		IALLAHASSEE FOR IDA
The Articles of Organization for this Limited Liability Company	were filed on 08/01/2023	and assigned IDA
Florida document number 93-2667568 / L 23 00 0 3 6 1 8 0	તે <i>ા</i>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JFG CAPITAL LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	···	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u> e	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		Florida
	City	

MULTIPLICAMINI LLC

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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	Matheus dos Santos Oleiro	23205 Bentley Pl	\
		Boca Raton, FL, 33433	□Rетюvе
			□Change
MGR	Patricia Costa Ramos	911 Lyons Rd #2012	= Add
		Coconut Creek, FL 33063	□Remove
			□Change
		<u> </u>	□Add
			□Remove
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Effective date, if other than the d	ate of filing	g:			_ (option	al)		
f an effective date is listed, the date must be Note: If the date inserted in this block								
document's effective date on the Dep	partment of S	tate's records						
e record specifies a delayed effective rd is filed.	date, but not	an effective t	me, at 12:01 a	ı.m. on the earli	er of: (b)	The 90th	lay after	r the
Dated October 18th	h _	2024	/	$\overline{}$				
Dated OCT 1001			_ ~					

Typed or printed name of signee