L23000480132

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer.	· , =
	-	
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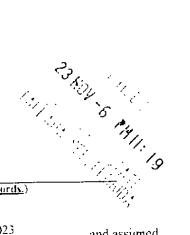
COVER LETTER

FO: Registration Sec Division of Corp			,	
INSTACAP				
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
	ndence concerning this matter to			
	Morty Etgar			
		Name of Person		
	INSTACAPTVT LLC			•
		Firm Company		•
	3363 Sunny Isles Boulevard	I STE 802		•
		Address		
	North Miami Beach, FL 33	160		
		City/State and Zip Code		
	mortyetgar@etgarcpa.com	o be used for future annual report notif	iention)	
			a a	
For further information c	concerning this matter, please co	HI:		
Morty Etgar		305 992-4783 at ()		
Name o	ni Person	at ()Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(_) \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Se	etion	
	Section Corporations	Division of Co	rporations	
5.5.5.63	27	The Centre of 1	Fatlahassee	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



INSTCAPTVT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	purpu wawa filed on October 23, 2023	and assigned
The Articles of Organization for this Climited Elability Com Florida document number 1.23000480132	pany were med on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	Three address on our records, enter the	
New Registered Office Address:	Enter Florida street address	
	, Florid	ii
	City	Zip Code
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I furthe aplete performance of my duties, and I on as provided for in Chapter 605, F.S.	Or, if this document is
	If Changing Registered Agent, Signature of Ne	w 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>	<u>Name</u>	Address	Type of Action
MGR	Lipaz Schwartz	3363 Sunny Isles Boulevard Ste 802	= Add
			□Remove
			□Change
			□ Remove
			TChange
			□Remove
			□Change
			□Remove
			∐Change
			□Add
			□Remove
			□Remove
			TChange

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te is listed, the date mate inserted in this b	ust be specific and o block does not me	cainot be prior t eet the applica	to date of filling or	more than 90 day	ss after filling.)		
ies a delayed effecti	ive date, but not a	an effective tin	no, at 12:01 a.n	1. on the earlier	of: (b) The	: 90th day after	r the
Jovember	3	2023					
	Signature of a m	ember or amhor	rized representati	ve of a member			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,				
t t	ate is listed, the date in late inserted in this b ffective date on the l fies a delayed effecti	ate is listed, the date must be specific and late inserted in this block does not me frective date on the Department of States a delayed effective date, but not a Signature of a part of Signature of	te, if other than the date of filing: ate is listed, the date must be specific and cannot be prior late inserted in this block does not meet the applicative date on the Department of State's records. Ties a delayed effective date, but not an effective time of a pember or authoromy. Signature of a pember or authoromy.	te, if other than the date of filing: ate is listed, the date must be specific and cannot be prior to date of filing or late inserted in this block does not meet the applicable statutory fil ffective date on the Department of State's records. fies a delayed effective date, but not an effective time, at 12:01 a.m. Overming 3	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 day late inserted in this block does not meet the applicable statutory filing requirement flective date on the Department of State's records. The adelayed effective date, but not an effective time, at 12:01 a.m. on the earlier Signature of a psember or authorized representative of a member ORTY ETGAR	te, if other than the date of filing: ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) late inserted in this block does not meet the applicable statutory filing requirements, this date verticetive date on the Department of State's records. files a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The Signature of a prember or authorized representative of a member ORTY ETGAR	te, if other than the date of filing:

Filing Fee: \$25.00