Floridal Department of State

Division of Corporations

Division of Corporations

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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

(((H25000085398 3))) TO: Registration Section **Division of Corporations NEIL CAPITAL GROUP LLC** SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code efile1234@incfile.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

(((H25000085398 3)))

ARTICLES OF C	U DCANIZATION	(((H25000085398 3)))
ARTICLES OF C	_	- S. ■
NEIL CAPITAL		ecords,)
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r inbility Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 12/20/2023	and assigned
Florida document number 1.23000558534		14.6
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1150 Nw 72nd Ave Towe	r 1 Ste 455 #19889
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1150 Nw 72nd Ave Towe Miami, FL 33126	r 1 Ste 455 #19889
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	iddress
		. Florida
	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 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:

(((H25000085398 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gregory A Neil	1150 Nw 72nd Ave Tower 1 Ste 455 #19889	□Add
		Miami, FL 33126	□Remove
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If amending any other information	n, enter change(s) here: (Attach additiona	I sheets, if necessary.)
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(If an effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior to date of filing or more codes not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605.0 Equirements, this date will not be listed
document's effective date on the Depa	artment of State's records.	
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	ate, but not an effective time, at 12:01 a.m. on t	he earlier of: (b). The 90th day after
ord is filed.		
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