Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : 2D CONSULTING ENTERPRISE LLC

Account Number : I20220000099 : (904)382-0889 er : (321)296-7174 Phone Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	8 dd	
Lmall.	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FINANCIAL CAPITAL GROUP FL LLC

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
44 · D. FE		L CAPITAL GROUP FL LLC		
SUBJE	Ct:	Name of Lin	nited Liability Company	·
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	etum all correspo	indence concerning this matter	to the following:	
		FLOR LOZANO DUGGER		
		-	Name of Person	<del></del>
	2D CONSULTING ENTERPRISE LLC			
	•	Firm/Company		
		241 HAMMOCK AOK C	RCLE	
			Address	
		DEBARY, FLORIDA 32713		
			City/State and Zip Code	<del></del>
		2DCONSULTINGENTERI	PRISE@GMAIL.COM to be used for future annual report or	71/2-201-2-3
For furt	her information c	oncerning this matter, please c		in to a tion,
FLOR LOZANO DUGGER		201 202 0000		
Name of Person		904 382-0889 at ()	me Telephone Number	
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$25	5.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration S	ection	
Division of Corporations		Division of Co	orporations	
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINANCIAL CAPITAL GROUP			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<b>Ŧ</b> )
The Articles of Organization for this Limited I Florida document number L24000076067	Liability Company	were filed on 02/12/2024	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2922 North Orange Blossom T	rail
		Orlando, Florida 32804	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2922 North Orange Blossom T Orlando, Florida 32804	rail
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office :	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	***************************************		
New Registered Office Address: 2922 North Or		ange Blossom Trail  Enter Florida street address	<u> </u>
	Orlando		orida 32804 📈 😡
		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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Manager	IDAMAR D CHACON SAYAGO	2922 North Orange Blossom Trail	<b>≡</b> Add
		Orlando, Florida 32804	⊒Келюче
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			URemove
			Change
			□Remove
			Change
			Петноче
			☐ Change

	d	and a distance to have the appropriate
D. If amending any other informs	ition, enter change(s) nere: [Allo	ach additional sheets, if necessary.)
<del></del>		
<u> </u>		
	****	
*		
.,	6	
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to date to lock does not meet the applicable sta	(uptional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b titutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUGUST 07	2024	
Ad	laman Chacon Saya Signature of a member or authorized re	90
	Signature of a member or authorized re	presentative of a member
IDAMAR D CHACON	SAYAGO	
	Typed or printed name	of signee

· From FLOR LOZANO DUGGER 1.321.296.7174 Wed Aug 7 18:27:15 2024 UTC Page 6 of 7

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