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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: 0	with Capita	al LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Jasi	mine Schulte	
		Name of Person	
		Firm/Company	
	4504 W Spru	ce St. Apt 513	702
	Tampa	, FL 33607	
		City/State and Zip Code	inna iii
	_	hulte 24 @ gmail. C	AHIO: 38
For further information con	ncerning this matter, please ca		, E 38
Jasmine	Schulte	at 724, 241-1524	+
Name of F		at (Area Code Daytime Telephone	e Number
Nume of t			
Enclosed is a check for the	following amount:	_	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address: Registration Section	
Registration Se		Division of Corporations	•

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cav	ritt Car	pital LL	C	
(Name of the Limited	I Liability Comp A Florida Limited	pany as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L2400011814</u>	bility Compan	y were filed on0	3/08/24	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of the Consultin The new name must be distinguishable and contain the wo	a Grou	IP LLC		eviation "L.L.C."
Enter new principal offices address, if applica	ble:	NIA_		
(Principal office address MUST BE A STREET	ADDRESS)		79.7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>	NIA	17 J	. AH: □ : : : : : : : : : : : : : : : : : :
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office <u>here</u> :	address on our rec	cords, enter the name	of the new registered
Name of New Registered Agent:	NA		 	
New Registered Office Address:	MA	Enter Florid	la street address	
		City	, 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 = M AMBR = A	lanager NA			
<u>Title</u>	Name	Address	Type of A	ction
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			□Remov	e
			Change	e
			□ Add	
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ocument's effective dat	e on the Department	of State's record	S.			
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record specifies a delay is filed.	ed effective date, but	i not an effective	time, at 12:01 a.i	n. on the earlier	or (b) Inc	90th day after the
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Filing Fee: \$25.00