# L24000209079

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# **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	CAPITAL HOLDINGS LLC			
SOBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	DAVID JIMENEZ			
		Name of Person		
	JIMENEZ CAPITAL HO	LDINGS LLC		
		Firm/Company		
	255 NE 20TH STREET			
		Address	·	
	BOCA RATON, FL 3343	I		
		City/State and Zip Code		
	dajim@seing.net			
	E-mail address: (	to be used for future annual report not	fication)	
For further information of	concerning this matter, please c	all:		
DAVID JIMENEZ		954 348-4400		
Name o	f Person	at (at Code Daytim	ne Telephone Number	
Enclosed is a check for the	he 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	Street Address: Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

## JIMENEZ CAPITAL HOLDINGS LLC

( <u>Name of the Lin</u>	ited Liability C (A Florida Lin	ompany as it now appears on our reco nited Liability Company)	order - 8 F.11:07
The Articles of Organization for this Limited	Liability Com	pany were filed on $\frac{05/03/2024}{1}$	and assigned
Florida document number L24000209079			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRES.	S)	
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		N/A	
Mailing uddress MAY BE A POST OFFICE	E BOX)		
	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		fice address on our records, <u>ento</u>	er the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addr	
		, i	Florida
		City	Zip Code

### <u>stered Agent's Signature, if changing Registered Agent:</u>

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALFREDO JIMENEZ	10405 SUNRISE LAKES BLVD APT 203	<b>=</b> Add
		SUNRISE, FL 33322	🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
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. Effect	ive date, if other than the date of filing:
(If an eff Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dand	SEPTEMBER 24 2024
Dated	
	David, X &
	Signature of a member or authorized representative of a member
	DAVID JIMENEZ
	Typed or printed name of signee

Filing Fee: \$25.00