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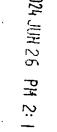
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CAPITAL MAEDOW CLC 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:
arios Granados Name of Person
Firm/Company
SGGI BIST AVEN
City/State and Zig Code CANOS GRAN Q Live COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARLOS GRANADOS at (754) 422 6359 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Z5-\$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Bayistentian Section Payistentian Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 6/3/2024 and assigned Florida document number 6 24000250679		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here: APITAL NEADOW LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 566 3157 AVEN		
(Principal office address MUST BE A STREET ADDRESS) SAINT PETERS BUTG		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) FL 33710		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:		
Name of New Registered Agent: New Registered Office Address: Sint Peter Florida street address Sint Peter Florida - Florida	202 4 JUH 26	-
New Registered Agent's Signature, if changing Registered Agent:	126	
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.	РИ 2: 19	•

If Changing Registered Agent, Signature of New Registered Agent

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ffective d	late, if other that	n the date of fil	ling:	date of filing or n	opti	onal) r filing.) Pursuant to 605 020
ote: If th	e date inserted in the effective date on the	his block does no	ot meet the applicab	le statutory filin	g requirements, thi	s date will not be listed a
	The state of the s	are repairing to	Trace in Francisco			
record spo	cifies a delayed ef	fective date, but r	not an effective time	e, at 12:01 a.m.	on the earlier of: (I	o) The 90th day after the
	6/11/7	2024				
ated	0////	_0 6 1	⁷ · ∕ − − −	. •		
		Signature of	a member or authori	zed representative	of a member	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)