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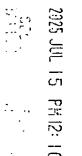
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Special Instructions to Filing Officer:
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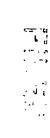




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COVER LETTER

TO: Registration Section

Division of Cor	porations			
		& WE OUT LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		CARLOS HERRERA		
		Name of Person		
	NO:	S FUIMOS & WE OUT LLC		
Firm Company				
445 NW 4TH STREET APT 1310				
	Address			
	MIAMI, FL 33128			
		City/State and Zip Code		
		herreracp@gmail.com		
	E-mail address: (to be used for future annual report no	otification)	
For further information e	oncerning this matter, please c	all:		
CARLOS HERRERA		214 738-8583		
Name o	f Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:	Section	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	.7	The Centre of	Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	& WE OUT LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ited Liability Company)	rs on our reco <u>rds.</u>)	
The Articles of Organization for this Limited Liability Comp Florida document numberL25000004274	any were filed on	01/02/2025	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company ho	ere:	
MY CAPITAL HOLDINGS LLC			
The new name must be distinguishable and contain the words "Limited 1.	iability Company," the d	lesignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS		. <u></u> .	2025 JUL
THICHE OFFICE BUILDS BIOST BE A STREET ADDITION			(7)
Enter new mailing address, if applicable:			PH 12
Mailing address MAY BE A POST OFFICE BON)			
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our r	ecords, <u>enter the g</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	r Pi	rida street address	
	Enter F10.	riaa sireet adaress	
	Clar.	, Florida	Zip Code
	Cīţv		гір Сове

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
			□ Add
			□Remove
			Change
			🗖 Add
			□Remove
			Change
			□Add
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			□Change

amending any other informati					
					
					
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ffective date, if other than the data effective date is listed, the date must lotte: If the date inserted in this blococument's effective date on the Department.	k does not meet the:	applicable statute	ing or more than 90 d ry filing requireme	_ (optional) ays after filing.) Pursua nts, this date will no	int to 605 0207 bt be listed as
record specifies a delayed effective I is filed.	date, but not an effec	tive time, at 12:0	I a.m. on the earlie	er of: (b) The 90th	day after the
ated	. 2025				
à	Darlos	Her	ma		
	ignature of a member o	r authorized repres	entative of a member	,	

Filing Fee: \$25.00