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| Special Instructions to | Filing Officer: | |
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

| Cappel H | Iolding FL LLC | | | |
|--------------------------|---|---|--|--|
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corres | pondence concerning this matter | to the following: | | |
| | Jennifer Cappel | | | |
| | Name of Person Cappel Holding FL LLC | | | |
| | . | Firm/Company | | |
| 5024 Shoreway Loop #401 | | | | |
| | | Address | | |
| | Orlando, FL | | | |
| | Jencappel@gmail.com | City/State and Zip Code | | |
| | E-mail address: (| to be used for future annual repo | ort notification) | |
| For further information | n concerning this matter, please ca | all: | | |
| Jennifer Cappel | | 515 249-80 |)56 | |
| Name | e of Person | Area Code | Daytime Telephone Number | |
| Enclosed is a check for | r the following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Regi | ILING ADDRESS: istration Section sion of Corporations | Registration | OURIER ADDRESS: Section Corporations | |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Cappel Holding FL LLC | | |
|---|---|--------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records.) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Cor Florida document number L19000164056 | mpany were filed on June 21, 2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| Cappel Holdings FL LLC | | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u>SS)</u> | |
| | | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ا ا نتب ش <u>ت</u> |
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| B. If amending the registered agent and/or registered agent and/or the new registered office addre | | ter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Florida | |
| Nam Dagistanad Agant's Cianatura if shanging Dagistanad | 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
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| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | filing.) Pursuant to 605.0207 (3)(|
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a (b) The 90th day after the record is filed. | i.m. on the earlier of: |
| Dated July 7 2019 Signatury of a member of authorized representative of a member | |
| Jennifer Cappel | |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00