

***L14000053790**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
**CORRECTION TO RA PER
CONVERSATION WITH
ABBY MELONE 6/30/2014 KS**

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06/11/14--01023--005 **50.00

FILED
2014 JUN 27 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 27 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2014

CAPITAL BIZ GROUP LLC
ABBY SIGRID
848 BRICKELL KEY DR. #2803
MIAMI, FL 33131

SUBJECT: CAPITAL BIZ GROUP LLC
Ref. Number: L14000053790

We have received your document for CAPITAL BIZ GROUP LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 814A00012915

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Capital Biz Group LLC
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:

Abby Sigrid Melone
Name of Person
Capital Biz Group LLC
Firm/Company
848 Brickell Key Drive #2803
Address
Miami, FL 33131
City/State and Zip Code
abby.melone@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abby Melone at (305) 600 6099
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: See page one

- \$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Capital Biz Group

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 4, 2014 and assigned Florida document number (46-5287051)*L14000053790

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Same name of company - new married name of managing member

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

~~Amy Signel Moore~~

New Registered Office Address:

Same address

Enter Florida street address

_____, Florida
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.

~~[Signature]~~

If Changing Registered Agent, Signature of New Registered Agent

(same person - new last name)

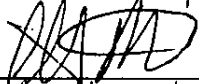
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am simply changing my last
name

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 21, 2014.



Signature of a member or authorized representative of a member

Abby Sybil Melare

Typed or printed name of signee