N00000007987

(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:
no amendment selected

Office Use Only

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05/28/25--01018--002 **43.75

2025 MAY 28 PM 3:12

SH 06-11-25

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2025

STEVEN A. RAMUNNI

PO BOX 1118
LABELLE, FL 33975

SUBJECT: CAPFA CAPITAL CORP.2000F
Ref. Number: N00000007987

We have received your document for and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any further questions concerning your document, please call (850) 245-6050.

Schelby Harrell
Regulatory Specialist II
Amendment Section

Letter Number: 425A00015977

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAPFA CAPITAL CORP. 2000F

DOCUMENT NUMBER: N00000007987

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven A. Ramunni
(Name of Contact Person)

Steven A. Ramunni, P.A.
(Firm/ Company)

PO Box 1118
(Address)

LaBelle, FL 33975
(City/ State and Zip Code)

Debbie@sramunnipa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven A. Ramunni at 863 230-2268
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ■ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

CAPFA CAPITAL CORP. 2000F

(Name of Corporation as currently filed with the Florida Dept. of State)

2025 MAY 28 PM 3:12

N00000007987

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_______________ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." **"Company" or "Co." may not be used in the name.***

B. Enter new principal office address, if applicable: _______________
(Principal office address MUST BE A STREET ADDRESS)

____

____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

299 Riverside Drive

Moore Haven, FL 33471

____

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _______________

____
(Florida street address)

New Registered Office Address:

_______________, Florida _______________
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

____
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)
Please note the officer/director title by the first letter of the office title:
P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add x Remove	VP	Bret Whidden	PO BOX 399 Moore Haven, FL 33471
2) ___ Change ___ Add x Remove	P	Jacob Eighner	PO BOX 399 Moore Haven, FL 33471
3) ___ Change ___ Add x Remove	D	Jan Gunn	PO BOX 399 Moore Haven, FL 33471
4) x Change ___ Add ___ Remove	D	Wayne Browning	414 Avenue R Moore Haven, FL 33471
5) ___ Change x Add ___ Remove	D	Alisha Beck	357 Avenue K Moore Haven, FL 33471
6) ___ Change x Add ___ Remove	D	Bradley Smith	507 W 7TH ST SW Moore Haven, FL 33471

E. **If amending or adding additional Articles, enter change(s) here**:
(*attach additional sheets, if necessary*). *(Be specific)*

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

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Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change x ___ Add ___ Remove	D	Rashonda Croskey	1111 Cactus Avenue Moore Haven, FL 33471
2) x ___ Change ___ Add ___ Remove	D	Marcus Decker	529 Avenue O Moore Haven, FL 33471
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: ______________________________, if other than the date this document was signed.

Effective date **<u>if applicable</u>:** ______________________________

(no more than 90 days after amendment file date)

<u>**Note:**</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **<u>(CHECK ONE)</u>**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated May 20 2025

Signature Marcus Decker

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARCUS DECKER

(Typed or printed name of person signing)

CHAIRMAN

(Title of person signing)

Articles of Amendment
to
Articles of Incorporation
of

CAPFA CAPITAL CORP. 2000F

(Name of Corporation as currently filed with the Florida Dept. of State)

N00000007987

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_______________ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." **"Company" or "Co." may not be used in the name.***

B. Enter new principal office address, if applicable: _______________
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: 299 Riverside Drive
(Mailing address MAY BE A POST OFFICE BOX) Moore Haven, FL 33471

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _______________

New Registered Office Address: _______________ *(Florida street address)*

_______________ *(City)*, Florida _______________ *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

____
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)
Please note the officer/director title by the first letter of the office title:
P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

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4) x Change ___ Add ___ Remove	D	Wayne Browning	414 Avenue R Moore Haven, FL 33471
5) ___ Change x Add ___ Remove	D	Alisha Beck	357 Avenue K Moore Haven, FL 33471
6) ___ Change x Add ___ Remove	D	Bradley Smith	507 W 7TH ST SW Moore Haven, FL 33471

E. If amending or adding additional Articles, enter change(s) here:
(*attach additional sheets, if necessary*). *(Be specific)*

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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Example:

X Change	PT	John Doe
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Type of Action (Check One)	Title	Name	Address
1) ___ Change x ___ Add ___ Remove	D	Rashonda Croskey	1111 Cactus Avenue Moore Haven, FL 33471
2) x ___ Change ___ Add ___ Remove	D	Marcus Decker	529 Avenue O Moore Haven, FL 33471
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. **If amending or adding additional Articles, enter change(s) here**:

(*attach additional sheets, if necessary*). *(Be specific)*

The date of each amendment(s) adoption: ____, if other than the date this document was signed.

Effective date **<u>if applicable</u>**: ____

(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **<u>(CHECK ONE)</u>**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated May 20 2025

Signature Marcus Decker

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marcus Decker

(Typed or printed name of person signing)

Chairman

(Title of person signing)

The date of each amendment(s) adoption: ______________________________, if other than the date this document was signed.

Effective date if applicable: ______________________________

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by ______________________________."

(voting group)

2025 MAY 28 PM 3:15

Dated July 30, 2025

Signature Marcus Decker

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marcus Decker

(Typed or printed name of person signing)

Director

(Title of person signing)