

L'000000 14432

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

M. THOMAS

DEC -2 2009

EXAMINER



**KEASLER LAW GROUP**

INTEGRAL COUNSEL

November 30, 2009

**VIA OVERNIGHT DELIVERY**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Capital Legal Services International, LLC**  
**Document Number: L00000014432**

Dear Madam/Sir:

Enclosed for filing, please find one original and one copy of the Articles of Amendment to Articles of Organization of Capital Legal Services International, LLC. Please provide a certified copy of the above-referenced limited liability company's Articles of Amendment as well as an **Apostille**. **The documents will be used in Russia.**

Accordingly, and so as to cover the costs associated with the aforementioned request, please find enclosed our firm's check in the amount of Sixty Five (\$65.00) Dollars.

Please return the Apostille document to me in the enclosed stamped, self addressed envelope. Should you have any questions with regard to the above request, please feel free to contact me.

Sincerely,

Laurie Enslow,  
Executive and Legal Assistant to  
Frank R. Keasler, Jr.

*Encl.*

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Capital Legal Services International, 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:

**Frank R. Keasler, Jr.**

Name of Person

**Keasler Law Group**

Firm/Company

**10245 Centurion Parkway North, Suite 305**

Address

**Jacksonville, FL 32256**

City/State and Zip Code

**FKeasler@keaslerlaw.com**

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Frank R. Keasler, Jr., Esq.**

Name of Person

at ( 904 )

**305-6429**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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 Legal Services International, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/21/2000 and assigned  
Florida document number L00000014432.

This amendment is submitted to amend the following:

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

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)**

10245 Centurion Parkway North

Suite 305

Jacksonville, FL 32256

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10245 Centurion Parkway North

Suite 305

Jacksonville, FL 32256

**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:

10245 Centurion Parkway North, Suite 305

*Enter Florida street address*

Jacksonville

*City*

, Florida

32256

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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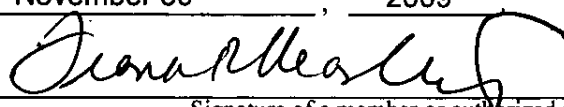


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Dated November 30, 2009



Signature of a member or authorized representative of a member

Frank R. Keasler, Jr., Trustee, CLS Business Trust, Manager

Typed or printed name of signee