# L01000021288

(Rec	questor's Name)		
(1.0.	4		
(Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
	n	:	i
(Bus	siness Entity Nar	ne)	;
		· ·	: <u>:</u>
(Doc	cument Number)	1	k :
Certified Copies	Certificate	s of Status	<u>;</u>
		• •	
Special Instructions to	Filing Officer:		

Office Use Only



600161825236

10/21/09--01011--012 \*\*30.00

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION OP OCT 21 AM 10: 54

B. KOHR

OCT 2 2 2009

**EXAMINER** 

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: GROUP FOUR L.L.C.  Name of Limited Liability Company	
The e	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Dominic Cape.	5,0,5
	GROUP FOUR L.L.C. Firm/Company	気がいま
	6331 18th Street N.E.	
	St. Petersburg. Fl. 33702.  City/State and Zip Code  dcape. capemotorsports@yahoo.com  E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
	Name of Person at (727) 515 4470.  Area Code & Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
<b>□</b> \$2	5.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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



GROUP FOUR L.L.

(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 12-06-2001 Florida document number <u>L010000 212 88</u> 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." 6331 18TH STREET N.E Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

DOMINIC CAPE

6331 18TH STREET NE

Enter Florida street address

ST. PETERSBURG , Florida 33702.

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

MGR = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Dominic Cape	6331 18th Street N.E ST. PETERSBURG FL 33702	Add Remove
mg R	Nicholas Cape	2000 SHORE ACRES BIVE N ST. PETERSBURG, FL 33703	Add Add Remove
MGR	Jon Baytos	2064 ALCAZAR WAY ST. PETERSBURG, FL 33712	<b>X</b> Add Remove
MGR	Brad Baytos	4122 MILLER DR ST. PETERSBURG BEACH, FL 3370	X A'dd
			Add Remove
MGR	Jack Baytos	1416 NASHVA CIR SUNCITY CENTER FL. 33573	Add <b>3</b> XRemove
D. If amend	ling any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.,	) 
_			
Dated <u>O</u>	ctober 16th 20	<u>09.</u>	
	Signature of a memb	er or authorized representative of a member  DOMINIC CAPE.	

Page 2 of 2

Filing Fee: \$25.00