10200015900

(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:

Office Use Only

G. MCLEOD

JAN 1 2 2009

EXAMINER



100140124201

01/09/09--01029--008 **\$5.00

09 JAN -9 PH 12: 06

DIVISION OF CORTEGATION

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Capstone Senior Service, 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:					
Comie Wiltforg (Name of Person)					
<u>Capstone</u> <u>Senior</u> <u>Service, LC</u> (Firm/Company)					
44 Eric Drive					
Palm Coast, FL 32/64 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Connie Wiltforg at (386) 446-9371 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 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:

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Florida document number 100005900	•
<u></u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Capstone tax and	insurance Agency, LLC
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation LLC" or the abbreviation
Enter new principal offices address, if applicable:	1 Florida Park Drive
(Principal office address MUST BE A STREET ADDRESS)	Svite 332
	Palm Coast, FL 32137
Entennam mailing address if applicable	SE 60 35
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	P 200
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
registered agent and/or the new registered ornee address here	* 6 = = = = = = = = = = = = = = = = = = =
	Topics J. Ph.

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

(City)

(Enter Florida street address)

Florida

(Zip Code)

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>	Name	Address	Type of Action	
	<u> </u>		Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	ary.)	
				
Dated	11. 12 pour	00°1.		
	Signature of a therribe	er or authorized representative of a member		
	Tim Ot'	d or punted name of signee		

Page 2 of 2

Filing Fee: \$25.00