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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PANZARELLA CAPITO	IL MANAGE MENT LLC
Name of Limited Liabilit	y Company
Dear Sir or Madam:	
The enclosed Articles of Correction and fee(s) are submitted for f	ling.
Please return all correspondence concerning this matter to the foll	owing:
ALBERT PANZARELLA Name of Person	~~ <b>~</b> 2
Name of Person	ALT:
PANZALECCA CAPITOL MANGAGE Firm/Company	Ment LLC AHA
Firm/Company	
4581 Weston ROAD # 314	2010 FEB 11 PM 2: 50 SECKETARY OF STATE TALL AHASSEE, FLORID
Address	DATE S
City/State and Zip Code	P
City/State and Zip Code	<del></del>
At Paris Bady Colds	
E-mail address: (to be used for future annual report notificat	ion)
÷	
For further information concerning this matter, please call:	
Name of Person At At	Code & Darding Talashan Number
Name of Person Al	ea Code & Daytime retephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	<b>à</b> : :
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fe Certificate of Status Certified Co	
CR2E062 (08/05)	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CAPITOL MANAGEMENT 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 2 /6 /0 '4 and assigned				
This amendment is submitted to amend the following:	;;			
A. If amending name, enter the new name of the li	- 1			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the designation "LLE" or the abbreviatio			
Enter new principal offices address, if applicable:	ARE H			
(Principal office address MUST BE A STREET AD	DRESS)			
	mc - I			
	F S R			
Enter.new.mailing address, if applicable:	)			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the new</u>			
Name of New Registered Agent:				
New Registered Office 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 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 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:

. J.

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> **Address** ☐ Add Remove \_ Add Remove ARY Add P □ Remo<del>ve</del> Add Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEBRUARY 9, 2010. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00