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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 22 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Capitel Park, 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:

R. Carlton Dean, JR

Name of Person

Firm/Company

2065 Thomasville Road

Address

Tallahassee, FL 32308

City/State and Zip Code

Carlton@carltondean.com

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

For further information concerning this matter, please call:

Carlton Dean

Name of Person

at (850) 524-2225

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

CAPITAL PARK, LLC.

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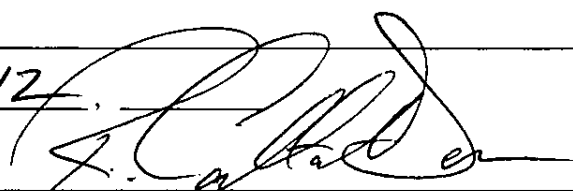
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|--|--|
| MGRM | Dean Holdings, LLC. | 2065 Thomasville Rd Tall, FL 32308 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | D.B.D.I, INC | 2065 Thomasville Rd. Tall, FL 32308 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated 5-8-2012



Signature of a member or authorized representative of a member

F. Carlton Dean

Typed or printed name of signee

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TALLAHASSEE, FLORIDA