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To:

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Account Name : LEGALZOOM
Account Number : I20010000062
Phone : (323)962-8600

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LIMITED LIABILITY AMENDMENT

CAPASTANO LLC

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TRANSMITTAL LETTER

TO: Registration Se Division of Cor		
SUBJECT: CAPASTA	ANO LLC	
SUBJECT:		mited Liability Company)
	f Amendment and fee(s) are su ondence concerning this matte	
	AD	RIANA TORRES
-	(Name of Person)
	LEGA	ZOOM COM INC
<u></u>		_ZOOM.COM, INC. Firm/Company)
	7083 HOLLY	WOOD BLVD., SUITE 180
		(Address)
	l OS A	NGELES, CA 90028
_		/State and Zip Codo)
For further information	concerning this matter, please	call:
ADRIANA TO	RRES	at (323) 962-8600
_	(Name of Person)	(Area Code & Daytime Telephone Number)
		SC T
Enclosed is a check for the	following amount:	
25 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	U \$55.00 Filing Fee & U \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING ADDRESS:
Division 409 E.	on of Corporations Gaines Street assee, Florida 32399	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

& 15EFE0000 20H

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name) (A Florida Limited Liability Company)	•	
·		
FIRST: The Articles of Organization were filed on JANUARY 19, 2005 and assigned document number L05000005485		
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by liability company:	the limited	
ARTICLE V The name and address of managing member/managers are:		
Title: MGRM JOHN SHAWVER 369 MEADOW BEAUTY TERRACE SANFORD, FL 32771 US		
Title: MGRM JAMES SHAWVER 369 MEADOW BEAUTY TERRACE SANFORD, FL 32771 US		
	05 MAR SECRE! TALLAH!	
Dated MARCH 7 , 2005	-7	सः स्टब्स् स स एस्य
Signature of a member or authorized representative of a member	AM 8: 31	
ADRIANA TORRES, AUTHORIZED REPRESENTATIVE Typed or printed name of signee	 .	

Filing Fec: \$25.00