205000034483

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	LAKE BUENA VI	STA MORTGAGE, I	LC.	
		ited Liability Company		
	of Amendment and fee(s) are sulpondence concerning this matter	_		
		Cesar Marulanda		
	Name of Person		•	
	Lake B	uena Vista Mortgage, L	LC.	
		Firm/Company		7. 2
		P.O. Box 22195		2009 DEC 24 SECRETARY ALLAHASSI
		Address		HAX.
		Orlando, FL 32830		24 PH ARY OF ASSEE, FI
		City/State and Zip Code		
	E-mail address: (cmarulanda@bellsouth.net E-mail address: (to be used for future annual report notification)		
For further information	concerning this matter, please	call:		9
Ce	sar Marulanda	at (407)	597-1500	
Name of Person		Area Code & D	aytime Telephone Numbe	r
Enclosed is a check for	the following amount: CHE	K #1001		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certifie	ate of Status &
MAILING ADDRESS:		STREET/CO	DURIER ADDRESS:	

Registration Section

Tallahassee, FL 32301

Division of Corporations
Clifton Building
2661 Executive Center Circle

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE BUENA VISTA MORTGAGE, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 08/10/2005 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L05000034483 Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CAPITAL NETWORK, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) മ 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: Enter Florida street address , Florida ___

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 **Title** Type of Action <u>Name</u> **Address** ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **DECEMBER 21st** 2009 Dated Signature of a member or authorized representative of a member **CESAR MARULANDA** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00