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TALLAHASSEE, FLORIDA
2006 MAR 30 PM 2:50

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J. BRYAN APR - 3 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL EXCHANGE ASSIST 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:

SCOTT CTAYLOR
(Name of Person)

CAPITAL EXCHANGE ASSIST LLC
(Firm/Company)

2418 S. BAY AVE
(Address)

SANFORD FL. 32771
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SCOTT TAYLOR at (407) 322-9133
(Name of Person) (Area Code & Daytime Telephone Number)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Scott TAYLORS Handyman Service

(Present Name)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

FIRST: The Articles of Organization were filed on 06/03/05 and assigned
document number 205000054929

SECOND: This amendment is submitted to amend the following:

CHANGE Company NAME FROM; Scott TAYLORS Handyman Ser. U
to; Capital EXCHANGE ASSIST LLC

Ref Occupational Application
for Corporate Officers.

Dated MARCH 28, 2006.

Scott C Taylor
Signature of a member or authorized representative of a member

Scott C. TAYLOR
Typed or printed name of signee

OWNERSHIP INFORMATION

SOLE OWNER ONLY

Owner Name _____ Home Phone _____
Home Address _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____
Driver's License Number _____

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DIVISION OF PROFESSIONAL REGULATION
TALLAHASSEE, FLORIDA

CORPORATION/LLC/LP/P.A.

Corporate Name Capital EXCHANGE ASSIST LLC
Address 2418 S. Bay Ave
City Sanford State FL Zip 32771
Federal ID Number 01-0837523 Phone 407-322-9133

PARTNERS/CO-OWNERS/CORPORATE OFFICERS (Please attach additional sheets if necessary)

Name Scott C TAYLOR Title Treasurer
Home Address 2418 S. Bay Ave
City Sanford State FL Zip 32771
Date of Birth 10-6-56 Social Security Number 224-88-9749

Name Julie A Taylor Title Vice President
Home Address 2418 S Bay Ave
City Sanford State FL Zip 32771
Date of Birth 12-19-60 Social Security Number 235-98-9396

Name Ashley A Taylor Title President
Home Address 2418 S. Bay Ave
City Sanford State FL Zip 32771
Date of Birth _____ Social Security Number 592-39-6957

CERTIFICATION: I certify that the foregoing information is to the best of my knowledge and belief, true and correct, and understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any licenses or permits issued by the City of Sanford which were based upon information provided in this application. I understand that if there is any subsequent changes in the operation of my business as stated in this application, I will agree to file the necessary application and seek prior approval from the City of Sanford for such changes. I acknowledge that the license issued pursuant to this application does not waive requirements of any city, county, state or federal ordinance, statute or regulation that I must meet prior to entering into the business for which the license is sought. I have or will comply with all such requirements. Businesses licensed by the City of Sanford are also required to be licensed by the Seminole County Tax Collector.

Signature of Owner/Officer Scott C Taylor Date 3-28-06 Print Name of Owner/Officer SCOTT C TAYLOR

ZONING APPROVAL REQUIRED YES NO

Zoning of Property _____ Approved for Requested Use _____
Comments _____
Signature _____ Date _____