

LO5000089620

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DIVISION OF CORPORATIONS
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T. HAMPTON

NOV - 2 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CAPITAL INVESTORS GROUP, 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:

YOEL SOMMER

Name of Person

CAPITAL INVESTORS GROUP, LLC

Firm/Company

130 S UNIVERSITY DR, SUITE A

Address

PLANTATION, FL 33324

City/State and Zip Code

YOEL SOMMER@YAHOO.COM

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

For further information concerning this matter, please call:

YOEL SOMMER

Name of Person

at (954)

461-0150

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**

CAPITAL INVESTORS GROUP, 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 09/12/2005 and assigned
Florida document number L05000089620.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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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:

AVIAD SOMMER

New Registered Office Address:

9340 NW 10TH COURT

Enter Florida street address

PLANTATION

Florida

33322

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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> |
|--------------|----------------|--|--|
| MGR | YEHUDA HAVIV | 1820 E EALLANDALE BCH BLVD HALLANDALE, FL 33009 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | YEHUDA HAVIV | 1820 E EALLANDALE BCH BLVD HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | ARIAD SOMMER | 9340 NW 10 CT PLANTATION, FL 33322 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | ARIAD SOMMER | 9340 NW 10 CT PLANTATION, FL 33322 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | SHLOMO AVGANIM | 19901 E COUNTRY CLUB DR 604 AVENTURA FL 33180 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | SHLOMO AVGANIM | 19901 E COUNTRY CLUB DR 604 AVENTURA FL 33180 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |

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

REMOVE MGR - DANI ALBO 421 HOLLYWOOD BLVD

HOLLYWOOD FL 33020

ADD MGRM - DANI ALBO 421 HOLLYWOOD BLVD

HOLLYWOOD FL 33020

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Dated _____, _____.

See next page for signature

Signature of a member or authorized representative of a member

Typed or printed name of signee

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 | M TALOR CONSULTING C | 130 S UNIVERSITY DRIVE SUITE A PLANTATION, FL 33324 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | YOEL SOMMER | 9340 NW 10TH COURT PLANTATION, FL 33322 | <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.)

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Dated _____, _____



Signature of a member or authorized representative of a member

YOEL SOMMER

Typed or printed name of signee