## 105000107534

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
- <del></del>
Special Instructions to Filing Officer:
<u></u>

Office Use Only



800302279898

08/11/17--01011--009 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

AUG 11 PH 4:

## **COVER LETTER**

Divi	ision of Cor	porations				
eim iron.	Capstone T	rust Properties LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Sidney Kahn				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		Nadlan Management				
	Firm/Company					
		PO Box 403783				
		Miami Beach FL 33140				
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report notif	fication)		
For further in	nformation c	oncerning this matter, please ca	all:			
Sidney Kahn	ı		786 506 3067			
Name of Person			at () Area Code Daytime	e Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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)		
		ING ADDRESS:	STREET/COURI Registration Sectio			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capstone Trust Properties LLC					
(Name of the Limi	(A Florida Limited	iny as it now appears on ou Liability Company)	<u>ir records.</u> )		
The Articles of Organization for this Limited L Florida document number L05000107534	Liability Company	were filed on 8/1/2017	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	1545 NW 8 Ave			
(Principal office address MUST BE A STRE		Miami FL 33136	ALC:		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	l/or registered o	<u>·e</u> :	SSEE, FLORIDA  records, enter the name of the new		
New Registered Office Address:	1545 NW 8 Av	re #115			
New Registered Vittee Address.	Enter Florida street address				
	Miami		, Florida 33136 Zip Code		
		City	Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:	_			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg	per and complete	e performance of my di	ities, and I am <b>fam</b> iliar with and		

If Changing Registered Agent, Signature of New Registered Agent

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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

<u>`itle</u>	<u>Name</u>	Address	Type of Acti
	<del></del>		
			□ Remove
		<del></del>	Change
			□ Remove
			□ Change
			Remove
			☐ Change
			Remove
			Change
			Remove
		×	Change
		· · · · ·	□ Remove
			Change

·-		<del></del>			_
			<del>-</del> -	,	_
					_
					_
_					<del></del>
			-		
<del></del>					
<del></del>				<del></del>	<u> </u>
				ALC:	7
				全部	Big
				ASSE ASSE	<u> </u>
<del></del>			· · ·	—	
	<del></del>			<b>≓</b> ⇔	
				ORIDA	£: 5
	<del>-</del>			<u>*</u> _	<del>-</del> 4
		<del> </del>			_
ffective date, if other than the an effective date is listed, the date must	date of filing:	prior to data of filin	u ar mara than 00 days	optional)	.ns.n30'
ote: If the date inserted in this blo	ck does not meet the a	pplicable statutory			
ocument's effective date on the De	partment of State's rec	ords.			
e record specifies a delayed The 90th day after the reco	errective date, bu ord is filed.	t not an effect	ive time, at 12:0	or a.m. on the ea	riier o
August 8	2017				
	·	— ( <u>/</u>			
			•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00