# L0000132434

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SECRETARY OF STATE
ANASSEE. FLORID

M. THOMAS

MOV 6 2009

**EXAMINER** 

## COVER-LETTER-

TO:

Registration Section
Division of Corporations

SUBJECT:

## CAPITAL TRADERS AND INVESTMENT 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:

## **HURREM CAN UNSALAN**

Name of Person

## CAPITAL TRADERS AND INVESTMENT LLC

Firm/Company

#### 1912 ELLMAN ST

Address

#### ORLANDO FL 32804

City/State and Zip Code

#### OUMETAL@AOL.COM

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

For further information concerning this matter, please call:



Name of Person

at ( 407 )

968 7268

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)

Sectificate of Status & Certificate 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 TRADERS AND INVESTMENT 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 L06000122434

12/27/2006

and assigned

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:

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)

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

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.

If smending 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 = Mana MGRM = Ma	nger naging Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
MGRM	ALISAN ONSOY	7533 SUGAR BEND DR. ORLANDO FL 32819	Add _ Remove	
			☐ Add ☐ Remove	
			_☐ Add _☐ Remove	
			Add Remove  Add Remove  Add Remove	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
· · ·				
Dated _	10TH OCTOBER  - '	2009  mber or authorized representative of a member		
		IRREM CAN UNSALAN		

Typed or printed name of signee