

LO80000 32565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

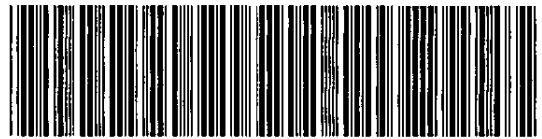
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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M. THOMAS

JUL 27 2009

EXAMINER

LO8-32565

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAPCORP FINANCIAL, 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:

VAUGHN LEMOINE

Name of Person

CAPCORP FINANCIAL, LLC

Firm/Company

11660 WINDSOR BAY PL

Address

WELLINGTON, FL 33449

City/State and Zip Code

VAUGHN@CAPCORPFINANCIAL.COM

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

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2009 JUL 24 PM 12:19  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

VAUGHN LEMOINE

Name of Person

at ( 407 )

383-1471

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2009

VAUGHN LEMOINE  
11660 WINDSOR BAY PL  
WELLINGTON, FL 33449

SUBJECT: CAPCORP FINANCIAL LLC  
Ref. Number: L08000032565

We have received your document for CAPCORP FINANCIAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 509A00024084

FILED  
2009 JUL 24 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CAPCORP FINANCIAL, 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 03/31/2008 and assigned  
Florida document number L08000032565.

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)**

11660 WINDSOR BAY PLACE

WELLINGTON, FL 33449

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

11660 WINDSOR BAY PLACE

WELLINGTON, FL 33449

**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:

11660 WINDSOR BAY PLACE

*Enter Florida street address*

WELLINGTON

*City*

, Florida

33449

*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 Changing Registered Agent, Signature of New Registered Agent**

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TALLAHASSEE, FLORIDA

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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\_\_\_\_\_ ☐ Add  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

VAUGHN LEMOINE  
Typed or printed name of signee

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2009 JUL 26 PM 12:49  
Remove  
TALLAHASSEE  
SECRETARY OF STATE  
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