

LOG0000047921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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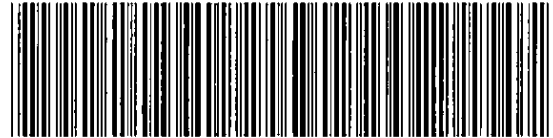
(Business Entity Name)

(Document Number)

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VIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPSTONE TECHNICAL SERVICES 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:

YVONNE F CATT

Name of Person

CAPSTONE TECHNICAL SERVICES LLC

Firm/Company

PO BOX 2074

Address

CRYSTAL RIVER, FL 34423-2074

City/State and Zip Code

YVONNE.CATT@YAHOO.COM

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

For further information concerning this matter, please call:

YVONNE F CATT

352 322-3408

at () _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CAPSTONE TECHNICAL SERVICES LLC

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 19, 2023

Yvonne J. Cuth
Signature of a member or authorized

Signature of a member or authorized representative of a member

YVONNE F CATT

Filing Fee: \$25.00