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SECRETARY OF STATE
TALLAHASSEE. FLORID

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Capstone Monagement LLC</u> 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:
Robert E. Cook MBR Name of Person
Firm/Company
10608 Forest Run Drive
Bradenton, FL 34211 City/State and Zip Code **Kcook 76 @ MSN. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Cook at 941, 538-0242 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsim \frac{\$25.00 \text{ Filing Fee}}{Certificate of Status} \Bigsim \frac{\$\$55.00 \text{ Filing Fee} & & & & & & & & & & & & & & & & & &
\$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy

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**

FILED

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	OF	09 SEP 11	
(Name of the Limited Liah (A Flor	bility Company as it how appears of ida Limited Liability Company)	O9 SEP 14 PM 12: 26 SECRETARY OF STATE ON OUR FECCHES HASSEE, FLORIDA	
The Articles of Organization for this Limited Liabili	ty Company were filed on ___\U	ne 5, 2008 and assigned	
Florida document number LOS 000055		,	
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
		as LIC	
Manatee De The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag	ent and agree to act in this cape	acity. I further agree to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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.Ş. 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

. MGR = Mana MGRM = Ma	nger nnaging Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Karen L. Cook	Bradeston, FL 34211	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendi	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)			
Dated	Signature of a member of	or authorized representative of a member	FILED 9 SEP IL PHIZ: 26 SECRETARY OF STATE ANASSEE, FLORIDA		
Robert E. Cook III Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00