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	A. LUNT
Special Instructions	s to Filing Officer:
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SEP 17 2008

EXAMINER

Office Use Only

000135527160

09/16/08--01005--005 **25.00

COVER LETTER

TO: Registration Se Division of Cor	ection porations , ,		
SUBJECT:		Capital 260	• .
	(Name of Limit	ited Liability Company)	•
	1 · 2 1 · 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2	···	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspond	endence concerning this matter	to the following:	
	GERA	(Name of Person)	
	MAINSTA		·C.
	P.O. B.	(Firm/Company) OX 1046 (Address)	M SEP SECALI
		(Address)	SSE TO
	PERRY	FC 32348 (City/State and Zip Code)	A II: 05 EE. FLORIG
	,	(City/State and Zip Code)	SEL O
For further information c	oncerning this matter, please co	all:	> N
GENAID I	MESADIEU of Person)	at (954) 594-6 (Area Code & Daytime T	83/ 'elephone Number)
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

WAYNSTAY CA	PITAL LLC.		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on $\frac{7}{7}$	and assigned ALLARET	
This amendment is submitted to amend the following:		P 16 HASS	
A. If amending name, enter the new name of the limited li	ability company here:	Fig A D	
		FLOST II	
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the design	nation "Bar or Rabbreviation	
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)	P.O. Box PERRY, FL	1046 32348	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed agent.		enter the name of the new	
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 Changing Registered Agent, Signature of New Registered Agent)

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 = Manager

MGRM = M	MGRM = Managing Member					
Title	<u>Name</u>	Address	Type of Action			
MGR	Eric Wheeler	2152 KASPER Str	Add Remove			
	· · · · · · · · · · · · · · · · · · ·		Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
<u></u>		TAS:	Add · Remove			
D. If amend	ing any other information, enter chan	nge(s) here: (Attach additional sheets, if national sheets)				
		OF STATE				
			-			
Dated	,	Muncle.				
	CERA	er or authorized representative of a member				

Page 2 of 2

Filing Fee: \$25.00