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12 MAR 26 AM 10: 93

SECRETARY OF STATE

ALL ALLASSES FLORID.

COVER LETTER

Division of Co			•			
SUBJECT:	National Ca	pital Locators, LLC				
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		Matthew McCleskey				
Name of Person						
National Capital Coalition, LLC						
Firm/Company						
362 Gulf Breeze Pkwy, ste 269						
Address						
Gulf Breeze, FL 32561						
	**************************************	City/State and Zip Code				
	info@nationalcapitalcoalition.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please	•				
Matt	hew McCleskey	at (855)	777-3863			
Name of Person			me 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 enclose	\$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

FILED

Natio	onal Capital Locators, LLC	12 MAR 26	AM 10: 32	
(Name of the Limited)	onal Capital Locators, LLC Liability Company as it now appears of Florida Limited Liability Company)	n ppr records)	OF STATE	
(А	Florida Limited Liability Company)	MELAHASSE	E, FLORIDA	
The Articles of Organization for this Limited Lia	ability Company were filed on	10/23/2008	and assigned	
Florida document numberL08000099	907			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
Nati	ional Capital Coalition, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	" the designation	n "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	TADDRESS)			

Enter new mailing address, if applicable:		·		
(Mailing address MAY BE A POST OFFICE B	<u></u>			
		·		
B. If amending the registered agent and/o registered agent and/or the new registered off		records, ente	er the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	P.	Elandia atriat		
	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 amending 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessor	
			FILED 13 MAR 26 AH 10: 33 BECRLIARY OF STATE FALLAHASSEE, FLORIDA
Dated		·	
	Mat	or authorized representative of a member tthew McCleskey or printed name of signee	

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Filing Fee: \$25.00