

**L08000104175**

Florida Department of State  
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To:  
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From:  
Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**328 CAPITOL STREET, LLC**

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**C. LEWIS**

**JAN 28 2009**

**EXAMINER**

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JAN. 27. 2009 9:01AM

CAPITAL CONNECTION

NO. 1384 P. 2

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2009 JAN 27 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

328 Capitol Street, 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 November 7, 2008 and assigned  
Florida document number LO8000104175.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

(Enter Florida street address)

(City) Florida (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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager**

**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joy Gargano	P.O. Box 22 Matlacha, Florida 33993	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
member	Kristina Towne	3015 SW Pine Island Rd, unit 11323 Cape Coral, Florida 33991	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Charles McKeen	2541 Broadwater Street Matlacha, Florida 33993	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Dated January 23, 2009



Signature of a member or authorized representative of a member

Kristina V. Towne

Typed or printed name of signer