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DIVISION OF CORPORATIONS
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T. HAMPTON

JUL -7 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITOL MOTORS 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:

MICAELA OBRADOVICH

Name of Person

CAPITOL MOTORS LLC

Firm/Company

3545-1 ST JOHNS BLUFF RD S #346

Address

JACKSONVILLE FL 32224

City/State and Zip Code

MICAELAG23@YAHOO.COM

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

For further information concerning this matter, please call:

MICAELA OBRADOVICH

Name of Person

at (904)

4695454

Area Code & Daytime 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 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**

CAPITOL MOTORS 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 JUNE 19, 2009 and assigned Florida document number L09000059833.

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)

10920 ATLANTIC BLVD

JACKSONVILLE, FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10920 ATLANTIC BLVD

JACKSONVILLE, FL 32225

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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

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, 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	EDUARDO A MEDINA	1800 MAYPORT ROAD ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YOUSRAH FREGAT	5323 COPPEDGE AVE JACKSONVILLE FL 32277	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOHANNA MEDINA	272 BEACH BROOK ST JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BASSAM KHLAF	5323 COPPEDGE AVE JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HEDAR KHLAF	3545-1 ST JOHNS BLUFF RD S #346 JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MICAELA OBRADOVICH	3545-1 ST JOHNS BLUFF RD S #346 JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

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DIVISION OF CORPORATIONS

Dated _____

See next page for signature

Signature of a member or authorized representative of a member

Typed or printed name of signee

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>
MGR	EDUARDO A MEDINA	272 BEACH BROOK ST JACKSONVILLE FL 32259	<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
			<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 _____

M. G. Obradovich

Signature of a member or authorized representative of a member

MICHAELA G. OBRADOVICH

Typed or printed name of signee

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10 JUL -6 PM 3:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS