## L09 000/03572

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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## **COVER LETTER**

TO:	Registration Section Division of Corporation			
SUBJ	ЕСТ:	MOD MAS	TERS LLC ited Liability Company	
The er	nclosed Articles of Art	nendment and fee(s) are su	bmitted for filing.	
Please	return all corresponde	ence concerning this matter	r to the following:	
		BRU	Name of Person	
			Firm/Company	
		5342	1k. margaret dr.	¥515
		Or LANG E-mail address:	City/State and Zip Code  Con Sulting firm LLC  to be used for future annual report notification	
For fu	rther information conc	cerning this matter, please of	call:	
P	Name of Pe	ghes con	at ( <u>487)761-356</u> Area Code & Daytime Tele	S Ohone Number
Enclos	sed is a check for the f	ollowing amount:		
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

· MOD MASTER	8, LLC = 500 B
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on Octobe - 26 1 and assigned
Florida document number <u>L0900103572</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
Capital Con Sulting firm The new name must be distinguishable and end with the words "Limite	LLC
The new name must be distinguishable and end with the words "Limite "L.L.C."	
Enter new principal offices address, if applicable:	424 & Central blud. #247
(Principal office address MUST BE A STREET ADDRESS)	00-lando, Planda 32801
Enter new mailing address, if applicable:	424 & Central blue #247
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida 32801
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	Brian Highes
New Registered Office Address: 42	-4 E. Central blvd.#247 Enter Florida street address
	rolo Florida 32801 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:

	Manager = Managing Member		
<u>Title</u>	. Name	Address	Type of Action
	***************************************		Add Remove
			Add Remove
			Addo Remove
			Add Remove
			Remove Add
D. If an	Changing the Capita	nge(s) here: (Attach additional sheets, if necessary, ng the Same only name of the LLC.  1 Consulting Pizm LLC	)
	From: ("mox	MASTERS, LLL")	<del></del>
Dated	Signature of a men	nber or authorized representative of a member ped or printed name of signee	

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Filing Fee: \$25.00