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SECRETARY OF STATE

SEP - 9 2215

T. HAMPTON

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	Name of Lin	ited Liability Company	ruice, LLC
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	V _.	L Lorenz Name of Person	
•	Cityw	Firm/Company	sevice, CLC
	2525 0	keachobee Co	ne
	Fort lax	Unity/State and Zip Code	333/2.
	Email address: (to be used for future annual report notif	g mail, can
For further information c	oncerning this matter, please co	all:	
Jeilen P	Person	at (QSH) UGB- Area Code Daytime	6294 Telephone 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



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 26, 2015

JORGE L LORENZO 2525 OKEECHOBEE LN FT LAUDERDALE, FL 33312

SUBJECT: CAPSTONE PROPERTIES FLORIDA, LLC

Ref. Number: L00000009206

We have received your document for CAPSTONE PROPERTIES FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 315A00018074

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Citywide Cour	Sania LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 100000 7206	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Entér new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	JS25 Okee Chobee Cong Fort Louderdate FZ 33312
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7575 Okeachobee Cone Fort Cordendale, FC 33312
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	11/1
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, Figs document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			☐ Remove
			Change
			Remove
		,	Change
			□ ∧dd
			☐ Remove
			PC Ghange
			Change Change Change Change Change Change Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	ıry.)		
			
			
K/H,			
			
C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filin Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	l) ig.) Pursuant ie will not b	to 605.02 be listed	:07 (3)(as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m b) The 90th day after the record is filed.	, on the ϵ	earlier	of:
Dated September 3. 2915 Sovenso	SEC	15 :	
Signature of a member or authorized representative of a member Typed or printed name of signee	AHASSES, F	SEP -9 PH	
Page 3 of 3	STATE	1:20	J

Filing Fee: \$25.00