

L10000034598

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NOV 18 2010

**EXAMINER**



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**B. KOHR**

NOV 18 2010

**EXAMINER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 10 AM 10:19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Datura Capital LLC  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 NOV 10 AM 10:19

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guy Plouffe  
Name of Person

Datura Capital LLC  
Firm/Company

224 Datura St. #1111  
Address

West Palm Beach FL 33401  
City/State and Zip Code

ganthony.p@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guy Plouffe at (561) 389 6424  
Name of Person 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 10 AM 10:19

Dakura Capital 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 3/29/10 and assigned  
Florida document number L10000034598

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:

Angelo Abbenante

New Registered Office Address:

8461 LAKE NORTH RD  
#206  
LAKE NORTH FL 33467

Enter Florida street address

8461 LAKE NORTH  
#206

LAKE NORTH  
City

Florida

33467  
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.

Angelo Abbenante  
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	Guy Plouffe	7105 Taylorwood Dr Lake Worth FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANGILO ABBENANTE	224 Datura St. #1111 West Palm Bch FL 33411	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 11-4-10 Nov. 4<sup>th</sup>, 2010.

[Signature]  
Signature of a member or authorized representative of a member

Guy Plouffe  
Typed or printed name of signee