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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2020

GIOVANNI PICANO A CAPITOL ENTERTAINMENT, LLC 2681 SE HAMDEN RD. PORT ST LUCIE. FL 34952

SUBJECT: A CAPITOL ENTERTAINMENT, LLC

Ref. Number: L11000087122

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ATTACHED ARTICLES OF AMENDMENT FOR CLARIFICATION OF THE CHANGES BEING MADE AND RESUBMIT.

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) 245-6050.

Letter Number: 420A00010030

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:

ΓΟ: Registration Se Division of Cor			
SUBJECT: A	CAPITOL ENT	TERTAINMENT, L	LC
	Name of Lim	ней Егаотку Сопфану	
· · · · · · · · · · · · · · · · · · ·			
	Amendment and fee(s) are sub-		
Please return all correspo	ndence concerning this matter	to the following:	
	GIOVANN	PICANU Name of Person	
		Name of Person	
	· · · ·	Firm/Company	_
	2681 SE	HAMUEN RD Address	
		VCIE, FL 3495 City/State and Zip Code	
	LIMOTRAN E-mail address: (	ISTPC YAHOO, Corto be used for future annual report notif	Iv( fication)
For further information c	oncerning this matter, please ca		
	, ^		
GIOVANN	PICANO	at ( <u>772</u> ) <u>985-</u> Area Code Daytimo	Tolophous Number
Name o	i Person	Area Code Dayuni	e rereptione Nutriber
Enclosed is a check for th	ne following amount:		
\$\interpretecture \text{S25.00 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		Street Address:	ation
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A CAPITOL ENTERTAINMEN	VT, LLC	
H CAPITOL ENTERTAINMEN (Name of the Limited Liability Compar (A Florida Limited L	ny 45 it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 11000087/22</u>	were filed on $\frac{7/29/2011}{}$	and assigned
This amendment is submitted to amend the following:		-5
A. If amending name, enter the new name of the limited liabi	lity company here:	? 57 PH 2:1
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbrev	iation "L.T.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	268/ SE. HAMBEN R PORT ST. LUCIE, FL	34952
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 9011 PORT STLVEIE, PL	34985
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of</u>	the new registered
Name of New Registered Agent: 5101	MANNI PICANO	
$\wedge$	Enter Florida street address  57 Lucia . Florida 3	4952 Gin 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 605, 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.

f Changing Registered Agent, Signature of New Registered Agent

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
MGR	GIOVANNÍ PICANO	2681 SE. HAMDEN RA	<b>X</b> Add
			□Remove
	_		□Change
MGRm	GIOVANNI PICANO	2681 SE. HAMDEN RD	<b>X</b> ∧dd
			□Remove
			□Change
MGRM	JOHN PicAND	2681 SE, HAMDIN RD	□Add
			Remove
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(If an ef Note:	ive date, if other than the date of filing:
ord is fi	
Dated	<u> 5/29/</u> , <u>2020</u> .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  GLOVANNI PICANU  Typed or printed name of signee