

08/03/2016 18:17
8/3/2016

(FAX)

P.001/005

Division of Corporations

L12000109231

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054
Fax Number : (407)517-4931

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TALLAHASSEE, FLORIDA

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Email Address: office@gulati-law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPITAL TRUCKING TRANSPORT LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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08/03/2016 18:18

(FAX)

P.002/005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL TRUCKING TRANSPORT 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:

Jeffrey D. Butler

Name of Person

CAPITAL TRUCKING TRANSPORT LLC

Firm/Company

PO Box 701335

Address

Saint Cloud, FL 34770-1335

City/State and Zip Code

jeff_butler@hotmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jeffrey D. Butler

407

709-1362

at ()

Name of Person

Area Code

Dayline 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

CAPITAL TRUCKING TRANSPORT 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 08/24/2012 and assigned
Florida document number L12000109231.

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 contain 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)

6409 Warren Ct

Saint Cloud, FL 34771-8815

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 701335

Saint Cloud, FL 34770-1335

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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:

Jeffrey D. Butler

New Registered Office Address:

6409 Warren Ct

Enter Florida street address

Saint Cloud

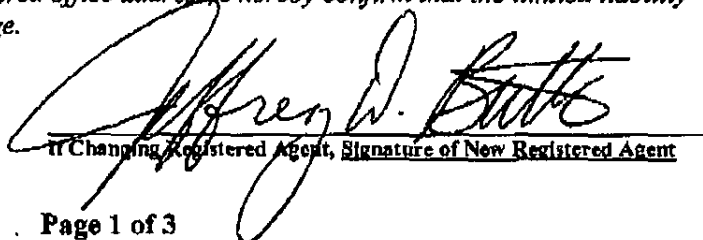
Florida 34771

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 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.


If 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	SANCHEZ, FERNANDO	7215 MONETARY DRIVE	<input type="checkbox"/> Add
		SUITE 105	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32809	<input type="checkbox"/> Change
MGR	SANCHEZ, SHAKIRA	7215 MONETARY DRIVE	<input type="checkbox"/> Add
		SUITE 105	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32809	<input type="checkbox"/> Change
MGRM	BUTLER, JEFFREY	PO BOX 701335	<input checked="" type="checkbox"/> Add
		SAINT CLOUD, FL 34770-1335	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BUTLER, LISA	PO BOX 701335	<input checked="" type="checkbox"/> Add
		SAINT CLOUD, FL 34770-1335	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Signature of a member or authorized representative of a member

Fernando Sanchez

Typed or printed name of signee