

L12000130767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

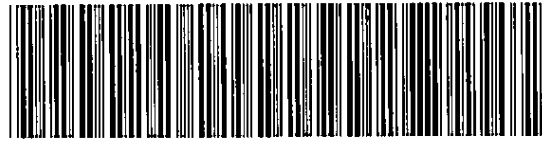
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700330900707

06/21/19--01009--000 **55.00

FILED
2019 JUN 21 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

JUL 02 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPILLUS, 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:

Carlos Zarraluqui

Name of Person

CAPILLUS, LLC

Firm/Company

1715 N.W. 82 Avenue

Address

Miami, FL 33126

City/State and Zip Code

czarraluqui@capillus.com

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

For further information concerning this matter, please call:

Carlos Zarraluqui 786 888-0137

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CAPILLUS, 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 10/15/2012 and assigned
Florida document number L12000130767.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CURALLUX, LLC

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)

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:

New Registered Office Address:

1715 N.W. 82 Avenue

Enter Florida street address

Miami

City

Florida 33126

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

MGR = Manager
AMBR = Authorized Member

☐ Remove
☐ Change
☐ Add
☐ Remove

2019 JUN 21 AM 11:02
SEATTLE
FBI


FILED
2019 JUN 21 AM 11:38
CLERK OF DISTRICT COURT
JULIA A. HARRIS
JULIA A. HARRIS

(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 filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 14, 2019


Signature of a member or authorized representative of a member

Carlos Zappaluqui

Typed or printed name of signee