

L13000002528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

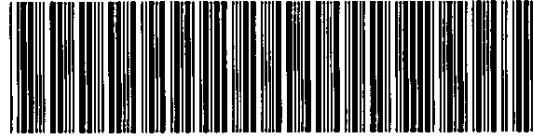
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 APR 26 PM 02 39
TALLAHASSEE, FLORIDA

APR 27 2017

COUNTY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPITALS EXPRESS 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:

ATANAS K GALABOV
Name of Person
CAPITALS EXPRESS LLC
Firm/Company
251 W DEARBORN ST
Address
ST. ENGLEWOOD FL 34223
City/State and Zip Code
capitalsexpressllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ATANAS K GALABOV at (888) 407-3211
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**

CAPITALS EXPRESS 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 JAN/07/2013 and assigned Florida document number L13000002528.

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:

251 W DEARBORN ST

(Principal office address MUST BE A STREET ADDRESS)

ST. ENGLEWOOD

FL, 34223

Enter new mailing address, if applicable:

251 W DEARBORN ST

(Mailing address MAY BE A POST OFFICE BOX)

ST. ENGLEWOOD

FL, 34223

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:

ATANAS K GALABOV

New Registered Office Address:

251 W DEARBORN ST

Enter Florida street address

ST. ENGLEWOOD

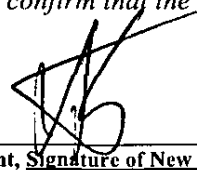
, Florida 34223

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>
MGR	ATANAS K GALABOV	251 W DEARBORN ST	<input checked="" type="checkbox"/> Add
		ST. ENGLEWOOD	<input type="checkbox"/> Remove
		FL, 34223	<input type="checkbox"/> Change
AMBR	KRISTIAN G KOSTADINOV	251 W DEARBORN ST	<input checked="" type="checkbox"/> Add
		ST. ENGLEWOOD	<input type="checkbox"/> Remove
		FL, 34223	<input type="checkbox"/> Change
AMBR	JANSKY, KIMBERLY	630 N SUMMIT AVE	<input type="checkbox"/> Add
		LAKE HELLEN	<input checked="" type="checkbox"/> Remove
		FL, 32744	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

7 APR 26 11 51 AM
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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

Multiple horizontal lines for amending information.

17 APR 26 10 28 AM
ALBANY, NY
STATE OF NEW YORK
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4/21, 2017



Signature of a member or authorized representative of a member

ATANAS K GALABOV

Typed or printed name of signee