(Rec	questor's Name)	
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COVER LETTER

Division of Corpo	orations						
CAPITALS I	EXPRESS LLC						
Name of Limited Liability Company							
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.					
Please return all correspond	dence concerning this matter t	o the following:					
	ATANAS K GALABOV						
		Name of Person					
CAPITALS EXPRESS LLC							
CAPITALS EXPRESS LLC Firm/Company							
251 W DEARBORN ST							
Address							
	ST. ENGLEWOOD FL 342	23					
City/State and Zip Code							
capitalsexpressllc@gmail.com							
E-mail address: (to be used for future annual report notification)							
For further information con	ncerning this matter, please ca	11:					
ATANAS K GALABOV			07-3211				
Name of Person		at () Area Code	Daytime Telephone Numb	er			
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 er	Certifi nelosed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)			

TO:

Registration Section

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 Lin	ilted Liability Compa (A Florida Limited	any as It now appears Liability Company)	s on our records.)				
The Articles of Organization for this Limited Florida document number L13000002528	Liability Company	were filed on JAN	N/07/2013	and assigned			
his amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of the limited liab	ility company he	re:				
he new name must be distinguishable and contain the				breviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		251 W DEARBO					
		ST. ENGLEWOOD					
	•	FL, 34223	·				
nter new mailing address, if applicable:		251 W DEARBO	ORN ST				
Mailing address MAY BE A POST OFFICE	E BOX)	ST. ENGLEWOOD					
		FL, 34223		37			
. If amending the registered agent and egistered agent and/or the new registered of	l/or registered o office address her	ffice address on e:	our records, enter	the name of the			
Name of New Registered Agent:	ATANAS K GALABOV		7				
New Registered Office Address:	251 W DEARE						
			da street address				
	ST. ENGLEW		, Florida ³⁴²				
		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

Title	<u>Name</u>	Address	Type of Action
MGR	ATANAS K GALABOV	251 W DEARBORN ST	■ Add
		ST. ENGLEWOOD	□ Remove
		FL, 34223	· Change
AMBR	KRISTIAN G KOSTADINOV	251 W DEARBORN ST	■ Add
	,	ST. ENGLEWOOD	☐ Remove
		FL, 34223	□ Change
AMBR	JANSKY, KIMBERLY	630 N SUMMIT AVE	□ Add
		LAKE HELLEN	■ Remove
		FL, 32744	☐ Change
			□ Add
			□ Remove
			□ Change
			APPROXIMATION AP
			□ Remove
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<u></u>			Add
			□ Remove
			☐ Change

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Filing Fee: \$25.00