

L13000002528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

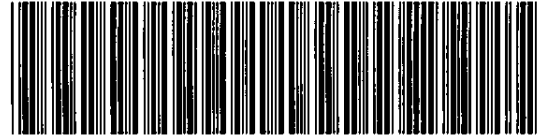
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 MAY -9 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2017
J SHIVERS

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

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:

(Principal office address MUST BE A STREET ADDRESS)

251 W DEARBORN ST

ENGLEWOOD

FL 34223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

251 W DEARBORN 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

ENGLEWOOD

Florida

City

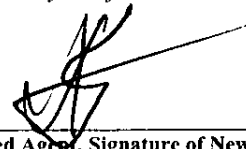
34223

Zip Code

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 TALLAHASSEE, FLORIDA

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
		ENGLEWOOD	<input type="checkbox"/> Remove
		FL 34223	<input type="checkbox"/> Change
AMBR	KRISTIAN G KOSTADINOV	251 W DEARBORN ST	<input checked="" type="checkbox"/> Add
		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
			<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

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

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 05/02 2017

Signature of a member or authorized representative of a member

ATANAS K GALABOV

Typed or printed name of signee