

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:

NIKOLAY PETROV NIKOLOV

Name of Person

CAPITALS EXPRESS LLC

Firm/Company

970 LAKE CARILLON DRIVE SUITE 300

Address

SAINT PETERSBURG , FL 33716

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:

NIKOLAY PETROV NIKOLOV

888 407-3211
at ()

Name of Person

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

FILED
2017 SEP 19 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

970 LAKE CARILLON DRIVE

SUITE 300

SAINT PETERSBURG , FL 33716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

970 LAKE CARILLON DRIVE

SUITE 300

SAINT PETERSBURG , FL 33716

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:

NIKOLAY PETROV NIKOLOV

New Registered Office Address:

970 LAKE CARILLON DRIVE SUITE 300

Enter Florida street address

SAINT PETERSBURG

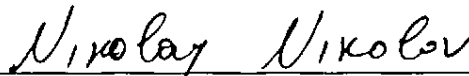
City

Florida 33716

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	NIKOLAY PETROV NIKOLOV	970 LAKE CARILLON DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		SAINT PETERSBURG,FL 33716	<input type="checkbox"/> Change
MGR	JANSKY MIROSLAV	630 N SUMMIT AVE	<input type="checkbox"/> Add
		LAKE HELEN,FL 32722	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ATANAS K GALABOV	251 W DEARBORN ST	<input type="checkbox"/> Add
		ENGLEWOOD,FL 34223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KRISTIAN G KOSTADINOV	251 W DEARBORN ST	<input type="checkbox"/> Add
		ENGLEWOOD,FL 34223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

FILED

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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TALLAHASSEE, FLORIDA
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 9/18, 2017

Nikolay Nikolov
Signature of a member or authorized representative of a member

NIKOLAY PETROV NIKOLOV
Typed or printed name of signee