

# L13000009845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

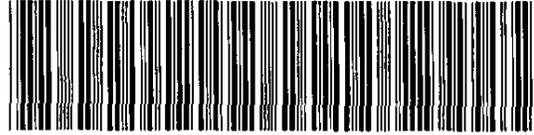
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 APR 22 PM 4:19

13 MAR 22 PM 4:19

2019 APR 22 PM 4:19

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW Capitol Consulting, 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:

Charles W. Cliburn  
Name of Person

NEW Capitol Consulting, LLC  
Firm/Company

3719 Lungfellow Rd  
Address

Tallahassee, FL 32311  
City/State and Zip Code

chuck@NEWCapitolLLC.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chuck Cliburn at (850) 559 7900  
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

13 MAR 22 PM 4:19

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NEW CAPITOL CONSULTING, 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 1-18-13 and assigned Florida document number L13000009845

This amendment is submitted to amend the following:

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

NEW CAPITOL IT, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

SAME

(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: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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 ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 03-13-2022 BY 60322

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

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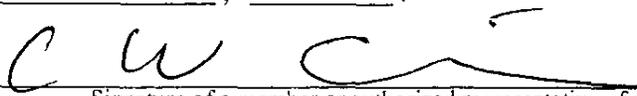
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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Charles W. Cliburn

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE  
411 20000000000000000000

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