

L13000116073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

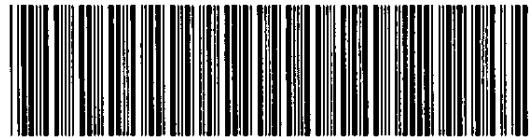
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2013 AUG 28 AM 10:01
FILED
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
AUG 29 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL TITLE AND TRUST 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:

REBECCA J. HILL
Name of Person

CAPITAL TITLE AND TRUST LLC
Firm/Company

5219 S. QUINCY ST.
Address

TAMPA FL 33611
City/State and Zip Code

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

For further information concerning this matter, please call:

Rebecca Hill at (813) 367-6822
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

2013 AUG 28 AM 10:01

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAPITAL TITLE AND TRUST 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 8/16/13 and assigned
Florida document number 413000116073

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 end with 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)

5219 S. QUINCY ST.
TAMPA FL 33611

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

MGR = Manager
MGRM = Managing Member

Mbmr GERALD ELLISBURG 2738 FACKELBURG DR. ☐ Add
RIVERVIEW FL 33578 ☒ Remove

☒ Remove
 AUG 28
☐ Add
 0
☐ Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

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

Dated August 19, 2013.

Rebecca Hill

Signature of a member or authorized representative of a member

Rebecca J. Hill

Typed or printed name of signee

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Filing Fee: \$25.00

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2013 AUG 28 AM 10:01
CLERK OF COURT
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