

6/20/2014

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L1400004538**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000148055 3)))



H140001480553ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.  
Account Number : I20040000167  
Phone : (305) 377-0809  
Fax Number : (305) 377-0781

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CAPTIVEONE MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 JUN 20 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 23 2014

J. BRUCI

Fax Audit No.: H14000148055 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CaptiveOne Management, 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:

**Selena Samale**

Name of Person

**Perlman, Bajandas, Yevoll & Albright, P.L.**

Firm/Company

**200 S. Andrews Avenue, Suite 600**

Address

**Fort Lauderdale, FL 33301**

City/State and Zip Code

**kimberly@pbyalaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Selena Samale**

Name of Person

at **(954) 566-7117**

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

FILED  
2014 JUN 20 PM 1:46  
TALLAHASSEE FLORIDA  
CLERK OF COURT

Fax Audit No.: H14000148055 3

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

CaptiveOne Management, 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 1/9/2014 and assigned Florida document number L14000004538.

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: 1035 State Road 7 #215  
*(Principal office address MUST BE A STREET ADDRESS)* Wellington, FL 33414

Enter new mailing address, if applicable: 1035 State Road 7 #215  
*(Mailing address MAY BE A POST OFFICE BOX)* Wellington, FL 33414

**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: PBYA Corporate Services, LLC

New Registered Office Address: 200 S. Andrews Avenue, Suite 600

Enter Florida street address

Fort Lauderdale, Florida 33301

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Wayne Jenkins	14745 Morgan Close	<input type="checkbox"/> Add
		Wellington, FL 33414	<input checked="" type="checkbox"/> Remove
MGR	Wayne Jenkins	1035 State Road 7 #215	<input checked="" type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

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Fax Audit No.: H14000148055 3

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

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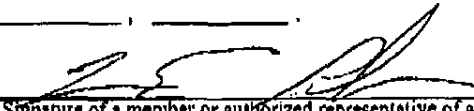
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Jason E. Perlman, Esq.**  
\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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