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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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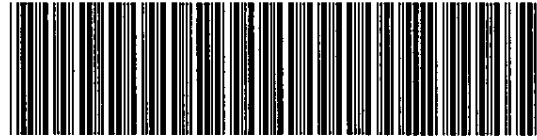
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE Auto Air
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:

Andrii LUKASHOV
Name of Person

CAPE Auto Air
Firm/Company

1036 NE PINE ISLAND RD, UNIT 4
Address

CAPE CORAL, FL, 33909
City/State and Zip Code

CAPEAUTOAIR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrii LUKASHOV at (239) 233 3849
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

CAPE Auto Air, LLC

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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>
<u>MGR</u>	<u>STEVE KOMONDOREA</u>	<u>1036 NE PINE ISLAND RD, UN.#4</u>	☐ Add
		<u>CAPE CORAL, FL, 33909</u>	☒ Remove
			☐ Add
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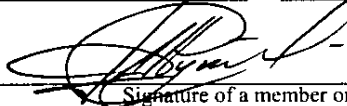
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 JUNE 3 2014



Signature of a member or authorized representative of a member

Andrei Lukashov

Typed or printed name of signee

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Filing Fee: \$25.00

STATE OF FLORIDA
TALLAHASSEE
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