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SECRETARY OF STATE
ALLOSSES ELOBORA

K.SALY EXAMINER MAR 1 3 2014

## **COVER LETTER**

UBJECT: Capstan Lake LL	imited Liability Company
he enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.
ease return all correspondence concerning this matt	er to the following:
Carol Sell	
	Name of Person
-	Firm/Company
11140 Sai	lbrooke Dr.
<del>- 1</del>	Address
Riverview	, FL 33579
cpaservice01	City/State and Zip Code  Gmail.com  : (to be used for future annual report notification)
or further information concerning this matter, please	call:
Jason P. Martinez	<sub>at</sub> (813) 418-2036
Name of Person	Area Code Daytime Telephone Number

MAILING ADDRESS:

■ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 MAR II PM 3: 00

FALL AHASSEE, FLORIDA

Capstan Lake 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 2/24/2014 and assigned Florida document number <u>L1400</u>0031477 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) Carol Sell Enter new mailing address, if applicable: 11140 Sailbrooke Dr. (Mailing address MAY BE A POST OFFICE BOX) Riverview, FL 33579 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 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

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 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 **Type of Action** Title Name | **Address** 11140 Sailbrooke Dr. Carol Sell **AMBR** Riverview, FL 33579 □ Remove \_□ Remove \_□ Add \_D Remove □ Remove \_□ Add □ Remove \_□ Add

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(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)  Dated	e more than 90 days after
the date this document is filed by the Florida Department of State)	e more than 90 days after

Page 3 of 3

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