

L14 0000 60275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

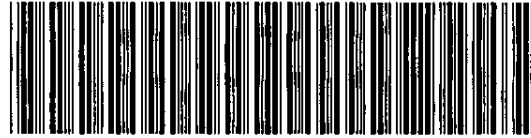
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers JAN 20 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAPITAL OFFICE SUITES, 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:

**BENNETT G. FELDMAN**

\_\_\_\_\_  
Name of Person

**LAW OFFICES BENNETT G. FELDMAN**

\_\_\_\_\_  
Firm/Company

**2655 LEJEUNE ROAD SUITE 514**

\_\_\_\_\_  
Address

**CORAL GABLES FL 33134**

\_\_\_\_\_  
City/State and Zip Code

**BENFELD@BELLSOUTH.NET**

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

For further information concerning this matter, please call:

**BENNETT G. FELDMAN**

**305 445-9909**  
at ( )

\_\_\_\_\_  
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

## CAPITAL OFFICE SUITES, LLC

Page 1 of 3

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	ARMANDO ROMERO	10800 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 830	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33161	
MGR	JOSEPH DUM	15811 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		#704	<input type="checkbox"/> Remove
		SUNNY ISLES FL 33160	
MGR	JAIME DUM	15811 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		#704	<input type="checkbox"/> Remove
		SUNNY ISLES FL 33160	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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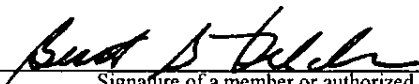
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 DECEMBER 16, 2014



Signature of a member or authorized representative of a member

BENNETT G. FELDMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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