## L14000083554

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del>.</del>
(Cit	ty/State/Zip/Phone #	<del>(</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



900292524199

11/21/16--01026--016 \*\*25.00

NOV 2 2 2016 S. YOUNG SECRETARY OF STATE.
TALLAHASSEE. FLORIDA

## COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	CAPSTONE A	1R LLC	
***************************************	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	BRIAN	I ENOCH	
		Name of Person	
	CAPST	ONE AIR LLC	
		Firm/Company	5 5
	1652 6	FMERSON ST	16 NOV 21 PH
		Address	
	JACKSO	DAVILLE FL :	16 NOV 21 PH 3: 26
		City/State and Zip Code	: 26
	brianen	City/State and Zip Code  Coch & Yahoo. c  to be used for future annual report noti	om
			heation)
For further information	on concerning this matter, please c	all:	
BRIAN	ENOCH	at (904) 725 Area Code Daytim	-4050
Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	e □ \$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)
Reg	AILING ADDRESS: gistration Section	STREET/COURI Registration Section Division of Corporate	n

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

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

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

CAPSTONE A	IR LLC
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L1400083554</u> .	pany were filed on 5-23-14 and assigned
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 contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200
(Principal office address MUST BE A STREET ADDRES	S)
	2 07
Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	
	<b>の</b> ラ
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new shere:
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 Ag	gent:

1

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WILLIAM C REGAN	489 ALSEY DRIVE	
		ORANGE PARK, FL	The Remove
		32073	□ Change
<del></del>			DAdd
			□ Remove
			□ Change
			🗖 Add
			□ Remove
			Change
<del></del>			Change 16 NOV 21
			Remove Remove
			Change
			□ ∧dd
			☐ Remove
			Change
			☐ Remove
			☐ Change

		<u> </u>						
				*.+ <del>**</del> *	·- <del>-</del>			_
								-
<del></del>		<del></del>						
	<u> </u>							
	<u> </u>	<del></del>	<del></del>		<del></del>	<del></del>		—
				<u> </u>				-
<u> </u>					····			
							ı	15 NOV 2
			<del>-</del>		***************************************			5
·	-		<del></del>				<u> </u>	2
								PH-
								رب
								<sup>-</sup> 26
<del></del>			<del>-</del>			·		—
		<del></del> ,						_
		<del></del>	- "- "-				_	
e: If the date	e inserted in thi	the date of fil must be specific s block does no e Department of	ot meet the app	dicable statuto	ng or more than	(options 90 days after fili- rements, this da	ol) ng.) Pursuant to ( ate will not be	05.020 isted a
record spe he 90th da	cifies a dela iy after the i	yed effective record is file	e date, but : ed.	not an effe	ctive time, a	t 12:01 a.m	ı. on the ea	rlier o
ed Non	rember	. 18						
		B - 1	_ €.	Æ.	l			
		1		~ ~~~	~~			

Page 3 of 3

Filing Fee: \$25.00