

L14000161732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

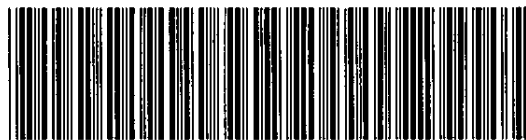
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend - accepted @ no charge
due to clerical error -

Office Use Only



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2014 NOV 24 P 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 26 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2014

CAPITAL INVESTMENT GROUP, LLC
15728 VIEW DRIVE SE
YELM, WA 98597

SUBJECT: CAPITAL INVESTMENT GROUP, LLC
Ref. Number: L14000161732

This is to advise you that on October 16, 2014, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6051.

Sincerely,

Barbara Bostick
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00022884

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Investment group, LLL
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:

James Ferro

Name of Person

Capital Investment Group, LLL

Firm/Company

15728 View dr SE

Address

Yelm, WA 98547

City/State and Zip Code

ferro123@aol.com

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

For further information concerning this matter, please call:

James Ferro

Name of Person

at (931)

Area Code

220-6063

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

ARTICLES OF AMENDMENT

TO
ARTICLES OF ORGANIZATION
OFCapital Investment Group, LLC(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)FILED
14 NOV 24 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDAThe Articles of Organization for this Limited Liability Company were filed on 17 Oct 14 and assigned
Florida document number LI4000161732.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Orion Capital Group, LLC

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**)10047 NW 88 TerraceMiami FL 33178

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)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:

~~10047~~ ~~James~~ F

New Registered Office Address:

10047 NW 88 terrace

Enter Florida street address

Miami FL

City

, Florida

33178

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

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	Allison Ferro	15728 View dr SE	<input type="checkbox"/> Add
		Yelm WA 98547	<input checked="" type="checkbox"/> Remove

MGR	Heriberto R Leret		Id
		10047 NW88 terrace	<input type="checkbox"/> Remove
		Miami FL 33178	

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

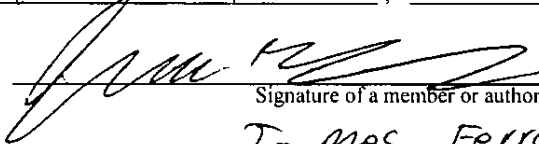
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DEPT. OF REVENUE
TALLAHASSEE, FLORIDA
NOV 24 P 4:03

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 4 NOV 14, _____.



Signature of a member or authorized representative of a member

James Ferro

Typed or printed name of signee

FILED

2014 NOV 24 P 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA