

9/26/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L15000153140

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000237993 3)))



H16000237993ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : F & S PROJECTS CORP
Account Number : I20120000041
Phone : (954)482-9581
Fax Number : (954)482-8696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@fandsprojects.com

FILED
16 SEP 26 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPINEL GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2016 SEP 26 AM 9:57

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

SEP 27 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPINEL GROUP 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 09/08/2015 and assigned
Florida document number L15000153140

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:

(Principal office address **MUST BE A STREET ADDRESS**)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CAPINEL, CARLOS A.	920 NW 201ST AVE.	☒ Add
		PEMBROKE PINES, FL, 33029	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

16 SEP 26 AM 8:50
FILED
SECRET
TALAMAS

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

FILED
16 SEP 26 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Effective date, if other than the date of filing: _____ (optional)

Note: If the date listed in this block does not meet the applicable statutory filing deadline(s), this date will not be used as the document's effective date for the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Date: Sept. 26th 2016

Signature of a member or authorized representative of a member

CAPNEL, J. A. & A.

Typed or printed name of signer