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TALLAHASSEE FLORD

OCT 3 1 2018 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		ě	
SUBJECT: CAPDENAC Name of Limit	ed Liability Company	<u>;</u>	
The enclosed Articles of Amendment and fee(s) are submitted. Please return all correspondence concerning this matter to			
PATOINE	Name of Person		
_ Wolk Ar			
	Firm/Company	\$,	TAL SECTION
305 N.	Address Di	NE	FILED OCT 22 PM CANASSEE.
Fmail address: (to	City/State and Zip Code City/State and Zip Code City/State and Zip Code Cod	E F(??!)	PH 6: 47 EFFLORIDA
For further information concerning this matter, please cal	1:		
Name of Person	at (\(\sum_{\text{Area Code}}\) \(\frac{2}{3}\) Daytir	-J+25 ne Telephone Number	
Enclosed is a check for the following amount:			
☐ \$25.00 Filing Fee	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
MAILING ADDRESS: Registration Section	STREET/COUR Registration Secti	TER ADDRESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

116

CAPDENA	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	ras it now appears on our records.) ibility Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{1500019144}{}$.	rere filed on \\-\2\frac{1}{2} \\ \frac{1}{2} \\ \f
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	c 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 BON)	22 PM 6: 47 22 PM 6: 47
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	enter v tortaa street adaress
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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ffective date, if ot	her than the date o	of filing:		(optional)
an effective date is list	led, the date must be spec	cific and cannot be	e prior to date of til	ing or more than 90 days	after filing.) Pursuant to 605.0 , this date will not be listed
	date on the Departme			ry ming requirement.	, and the similar of the
	es a delayed effec fter the record is		it not an effe	ctive time, at 12:	01 a.m. on the earlier
,					
ated Oct	22	<u>. Lo</u>	18.		
			r authorized repres		

Page 3 of 3

Filing Fee: \$25.00