# L15000212585

(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: CORRECTION TO NAME PER CONVERSATION WITH THOMAS VANUVER 2/10/2016 KS
NOT Avail

Office Use Only



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2016 FEB 10 PM 5: 57

K.SALY EXAMINER FEB 10



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2016

CAPITAL ALLIANCE PRO, LLC THOMAS VANOVER 2140 KINGSLEY AVE. #2 ORANGE PARK, FL 32073

SUBJECT: CAPITAL ALLIANCE PRO, LLC

Ref. Number: L15000212585

We have received your document for CAPITAL ALLIANCE PRO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000044674 "CAPITAL ALLIANCE, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00001714

## **COVER LETTER**

SUBJECT:		ance Pro, LLC		
SUBJECT.		Name of Limit	ed Liability Company	
The enclosed	d Articles of /	Amendment and fee(s) are subm	nitted for filing.	
Please return	all correspor	ndence concerning this matter to	o the following:	
		Thomas Vanover		
			Name of Person	
		Capital Alliance Pro, LLC		
			Firm/Company	
		2140 Kingsley Ave #2		
			Address	
		Orange Park/FL/32073		
			City/State and Zip Code	
		office@capitalallianceproduc		
		E-mail address: (to	o be used for future annual report notific	ation)
For further i	nformation co	oncerning this matter, please cal	<b>II</b> :	
Thomas Va	nover		323 240-5949 at ()	
	Name of	Person	Area Code Daytime	l'elephone Number
Enclosed is	a check for th	e 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:

TO:

Registration Section
Division of Corporations

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 OF

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(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  $\frac{12/24/2015}{1}$ and assigned Florida document number <u>L15000212585</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Capital Alliance Films, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2140 Kingsley Ave #2 Enter new principal offices address, if applicable: Orange Park, FL 32073 (Principal office address MUST BE A STREET ADDRESS) Same 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:

### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

Capital Alliance Pro, LLC

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

Enter Florida street address

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

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MILAHASSEE, FLORID; MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

□ Change

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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be prior to date of fil- ock does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 ( ory filing requirements, this date will not be listed as the
the record specifies a delayed The 90th day after the rec		ctive time, at 12:01 a.m. on the earlier of:
Dated	2016	
Tuomas Vo	MOVOV Signature of a member or authorized repres	seniative of a member

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Filing Fee: \$25.00