

L16000063844

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

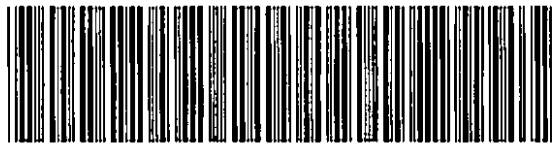
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400313061254

05/09/18--01014--024 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAY -9 PM 12:08

N COOPER

MAY 11 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDITA CAPITAL, LLC

\_\_\_\_\_  
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:

KATHRYN STANLEY

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

College  
2525 POST ST., #2304

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32204

\_\_\_\_\_  
City/State and Zip Code

Kate Stanley 1@hotmail.com

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

For further information concerning this matter, please call:

KATHRYN STANLEY

917 504-0583  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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

## FLORIDITA CAPITAL, LLC

Page 1 of 3

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	BLOOMSBURY CAPITAL LLC	<sup>college</sup> 2525 POST ST., #2304	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mg-Mbr	KATHRYN STANLEY	<sup>college</sup> 2525 POST ST., #2304	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE COMPANY IS CHANGED FROM A MEMBER MANAGED COMPANY TO A  
MANAGER MANAGED COMPANY. BLOOMSBURY CAPITAL LLC IS THE SOLE MANAGER.  
KATHRYN STANLEY, AS THE AUTHORIZED SIGNER FOR MANAGER BLOOMSBURY CAPITAL  
LLC, REMAINS THE AUTHORIZED SIGNER FOR THE COMPANY.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY -9 PM 12:00

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on 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:  
(b) The 90th day after the record is filed.

Dated MAY 22 2018



Signature of a member or authorized representative of a member

KATHRYN STANLEY, INDIVIDUALLY AND ON BEHALF OF BLOOMSBURY CAPITAL LLC

Typed or printed name of signee