L160000117

(R	(equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lakewood Partn	iers LLC		
to Capital Source	ce LLC.		
		-	
			Art of Inc. File
	 		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
	, <u></u>		Driving Record
Requested by: SET	Н		UCC 1 or 3 File
		Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick	Up	Courier

COVER LETTER

	egistration Sectivision of Corp					
STIR TRAT	Lakewood F	artners LLC				
JUDGECI	·	Name of Limi	ted Liability Company	·····		
		Amendment and fee(s) are submitted this matter to	_			
		Gregory A. Martoccio				
			Name of Person			
		Martoccio & DeFipippo, P.	А.			
	Firm/Company					
		3380 Woods Edge Circle S	uite 104			
			Address			
		Bonita Springs, Florida 341	134			
			City/State and Zip Code			
		greg@bonitalaw.com	o be used for future annual report notifica			
7 6 .1		·	•	mon)		
ror further	information co	oncerning this matter, please ca	di:			
Gregory A	, Martoccio		239 495-9007 at ()			
	Name of	Person	at () Area Code Daytime To	elephone Number		
Enclosed is	s 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:

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

Lakewood Fatalers LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on June	24, 2016	and assigned
Florida document number L16000119417			_
Profite document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>ne</u> :	
Capital Source LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable:		_	_
(Mailing address MAY BE A POST OFFICE BOX)			
DAMMIN BRUILES MAIN BEATT OUT OF THE HOAD			
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		our records, enter th	e name of the nev
Name Baristan d Office Address.			
New Registered Office Address:	Enter Flori	da street address	
		571 . b. b. c.	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	•		•
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this c plete performance of nt as provided for in C	my duties, and I am fan hapter 605, F.S. Or, if	nitiar with and this document is ed-liability
ī	If Changing Registered Ag	ent, Signature of New Ragis	tored Avent
•	·· Anatistis Messistered As	And Districting At 116th Publis	- ATTAC TEETIN

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> Type of Action _D Add □ Remove ☐ Change _□ Remove _☐ Change □ Remove ☐ Change ☐ Add □ Remove

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A BASINE FI ORIDA
 Remove
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ective date, if other the effective date is listed, the	date must be specific	and cannot be prior to dat	e of filing or more than 90	(optional) days after filing.) Pursu	ant to 605.02
te: If the date inserted in cument's effective date of	n this block does n	ot meet the applicable s	tatutory filing requires	ments, this date will no	ot be listed
	•				
record specifies a c The 90th day after t			effective time, at	12:01 a.m. on th	e eariler
The Soul day after t	me record is life	u.			
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	Signature of	of a member or authorized	representative of a mem	ber A	= 1
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Filing Fee: \$25.00